



TRICOUNTY COMMUNITY HEALTH ASSESSMENT

2022

TriCounty Health Department

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Letter From the Director

What makes a healthy community?

Is it the quality of education, affordability of housing, cleanliness of the air or drinking water, open space or walkability of neighborhoods? Or is it defined by the habits and traditions of the families that live and work in it, and the businesses, and churches that help define the local culture? Maybe it is the number of people with health insurance or access to hospitals and mental health services? I believe that a healthy community is defined by a balance of all these ideas and more, and that to improve community health we must work with and support the people and social institutions that define them.

This assessment highlights the needs of the people that reside in Daggett, Duchesne, and Uintah counties, and showcases initiatives possible through strong collaborations with community organizations, community leaders, and the dedicated staff and employees of TriCounty Health. As we look to the future, we continue to learn how best to align the strengths and assets inherent in our organization with what we see in our amazing communities. We look forward to improving the health of those in the communities we serve and sharing those efforts with you.

Each one of us plays an important role in ensuring our local communities are healthy places to live, work, and grow. As we look to the future, we look forward to improving the health of those in the communities we serve and sharing those efforts with you.

Kirk Bengé, MPH
Executive Director
Health Officer
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Community Needs Assessment Process

This report provides information on the TriCounty Community Health Assessment process and results. The TriCounty Community Health Assessment is a comprehensive evaluation of population health and the needs and strengths of the collaborative public health system charged with protecting the health of all TriCounty residents. The purpose of this report is to inform public health system partners and interested members of the public what process was used to gather feedback from community members, evaluate data on health issues, review other assessments, and prioritize concerns. This report is also intended to influence the design and implementation of policies and programs in the area that will meet the health needs and concerns of the community.

The first portion of the report includes extensive health statistics gathered from studies and state resources. This information provides a statistical picture of the health issues facing people that live in the Uintah Basin.

The second portion of the report includes responses gathered from community surveys gathered in April of 2022. These surveys were used to identify what health issues community members felt were highest priority. The surveys were developed by Intermountain Health and used throughout the state of Utah.

Data Sources and Considerations

The combination of health statistics and community opinion paints a unique picture of the health needs of a community. This 2022 study contains information from Utah's Indicator-Based Information System (IBIS), the United States Census, American Community Survey (ACS), Centers for Disease Control and Prevention (CDC) and focus groups within Uintah, Duchesne and Daggett counties.

TriCounty Health acknowledges and respects the spectrum of gender identity. Biological sex and gender expression affect health through physical, biological, social and cultural dimensions¹. To remain consistent with the data collected, the report will reference gender through biological sex as male and female.

¹ ((NIH) National Library of Medicine)

Description of TriCounty and the Uintah Basin

The Uintah Basin lies in the northeast corner of Utah and is bounded on the north by the Uinta Mountains, on the south by the Tavaputs Plateau, on the west by the Wasatch Range, and on the east by elevated terrain that separates it from Piceance Basin in Colorado. Duchesne and Uintah Counties occupy most of the Basin, and the Uintah and Ouray reservation covers a significant portion of basin lands².

County Profiles

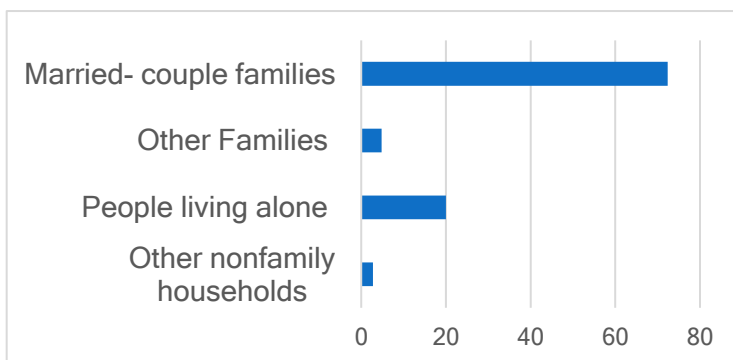
The area of TriCounty includes Daggett, Duchesne, and Uintah counties. It is a total of 8,478 square miles with an average population density of 6.7 people per square mile. The primary industries are oil and gas production, mining, and agriculture^{3,4,5}. The TriCounty area also includes the Uintah and Ouray Native American community.

Daggett County

The land area of Daggett County is 696.99 square miles⁶. Three percent of the county is covered in water⁷ and 90% of land is under federal management. The 2020 population of Daggett County was 1,026 people⁸. The state of Utah classifies Daggett County as a frontier area because of the population density of 1.3 persons per square mile⁹.

In 2014-2018 there were 145 households in Daggett County, Utah. Families made up 77.2% of the households in Daggett County. This figure includes both married-couple families (72.4%) and other families

Figure 1: Households in Daggett County 2014-2018



² (Utah Department of Environmental Quality)

³ (Utah.gov, 2023)

⁴ (Utah.gov, 2023)

⁵ (Utah.gov, 2023)

⁶ (U.S. Census Bureau, 2020)

⁷ (U.S. Census Bureau, 2012)

⁸ (Utah Department of Health and Human Services, 2021)

⁹ (Utah Department of Health and Human Services, 2020)

(4.8%). Households with children under the age of 18 made up 22.1% and households with family members over 65 made up 42.8%¹⁰.

Daggett County's economy is based primarily on agriculture, land management, and tourism. The agricultural industry is mainly raising livestock, hay and alfalfa. Land management is typically at the federal level and the tourism sector is focused at the reservoir Flaming Gorge. The dam at Flaming Gorge also produces electricity for the state.

Population: 1,026

Men: 574

Women: 452

Median resident age:

Daggett County: 46.1 years

Manilla: 37.7 years

Estimated Median Income

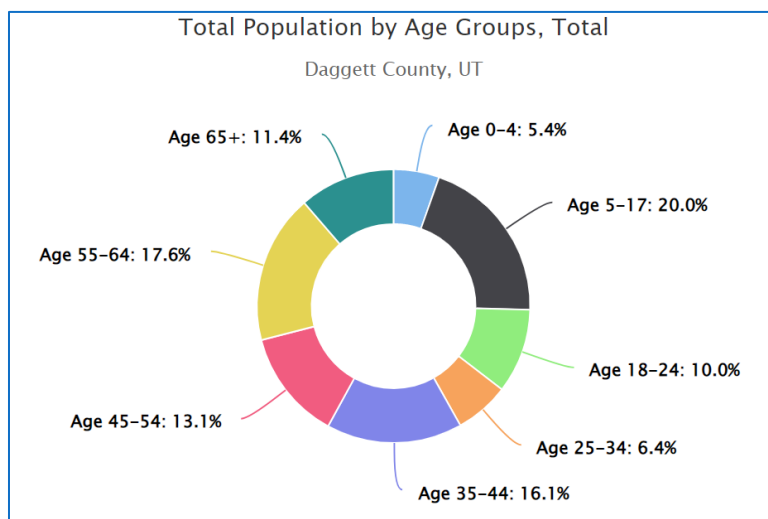
Daggett County: \$74,792

Men: \$75,634

Women: \$36,500

Manilla is the county seat and has a population of 324 people.

Figure 2: Daggett County Population by Age



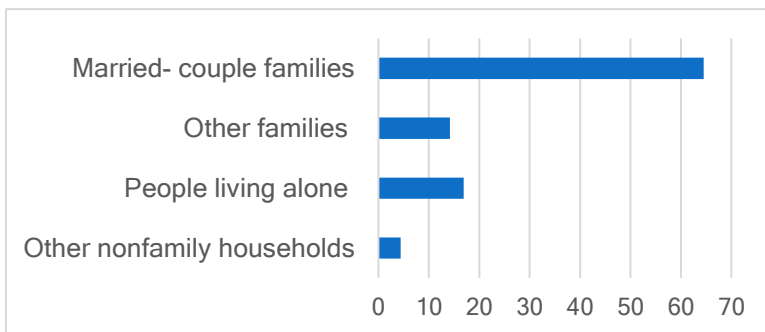
¹⁰ (U.S. Census Bureau)

Duchesne County

The land area of Duchesne County is 3,238 square miles. According to the NRCS 54% of the county land base is managed by either the state or federal government agencies; 27% is privately owned and 18% is part of the Uintah Ouray Indian Reservations¹¹. In 2020 the population of Duchesne County was 19,894¹². The state of Utah classifies Duchesne County as rural due to a population density of 6.1 persons per square mile¹³.

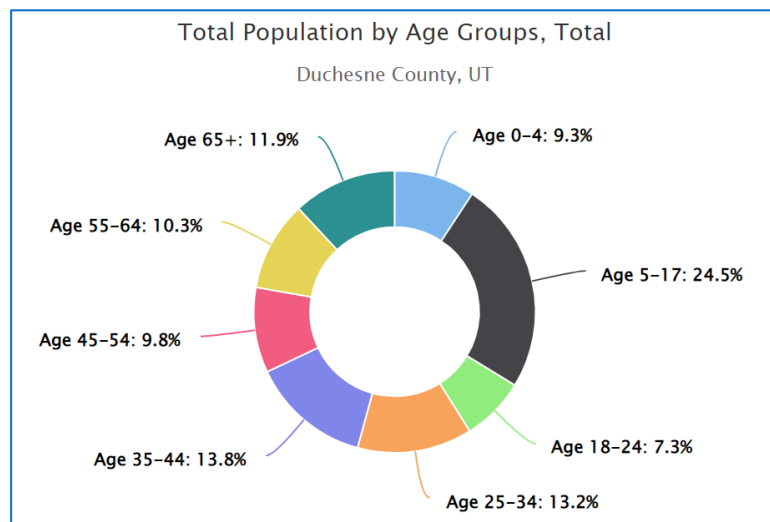
In 2014- 2018 there were 6,644 households in Duchesne County, Utah. The average household size was 2.99 people. Families made up 78.7% of households in Duchesne County, this figure includes both married-couple families (64.5%) and other families (14.2). Female household families with no husband present and children under 18 years are 5.4% of all households. Nonfamily households made up 21.3% of all households¹⁴.

Figure 3: Households in Duchesne County 2014-2018



The economy of Duchesne County is dominated by the oil and gas industry; within this field transportation and warehousing are major providers of jobs. Mining, construction and agriculture are also major industries within the county. The agricultural sector of Duchesne County includes the production of alfalfa, hay and corn for livestock feed and raising of cattle, sheep and goats.

Figure 4: Duchesne County Population by Age



Population: 19,894
Men: 10,059
Women: 9,835

Median Resident Age:
Duchesne County: 31 years
Duchesne City: 34.7 years

Estimated Median Income:
Duchesne: \$51,836
Men: \$60,843
Women: \$32,131

¹¹ (U.S. Department of Agriculture)

¹² (Utah Department of Health and Human Services, 2021)

¹³ (Utah Department of Health and Human Services, 2020)

¹⁴ (U.S. Census Bureau)

Duchesne is the county seat and has a population of 1,618.

Although Duchesne is the county seat, Roosevelt is the largest city with an estimated population of 12,191.

Men: 6,209

Women: 5,982

Median Resident Age

Duchesne County: 31 years

Roosevelt: 29.6 years

Estimated Median Income

Roosevelt: \$50,625

Men: \$61,559

Women: \$31,298

The Uintah and Ouray Indian Reservation was created by Abraham Lincoln in 1861 and shortly after 1900, land was sold by the federal government to people settling the west. Today the Ute Tribe Nation has a membership of over 3,000 with over half living on reservation land¹⁵. The Tribe provides all of its own services for its members including health services. However, other agencies such as TriCounty Health partner with tribal entities to provide additional services in order to meet the needs of the community.

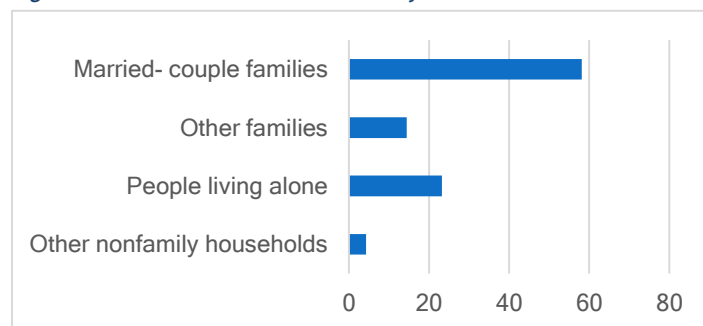
¹⁵ (Ute Indian Tribe, 2013)

Uintah County

Of the three counties that comprise TriCounty Health District, Uintah County is the largest in size and population. The land area of Uintah County is 4,487 square miles. Nearly 59% of land is federally owned and 16% is owned by the Uintah and Ouray Indian Reservation¹⁶. In 2020 the population of Uintah County was 35,970¹⁷. The state of Utah classifies Uintah County as rural with a population density of 8 persons per square mile¹⁸.

In 2014- 2018 there were 10,625 households in Uintah County, Utah. The average household size was 3.38 people. Families made up 72.5% of households in Uintah County. This figure includes both married- couple families (58.1%) and other families (14.4%). Female households with no husband present and children under 18 years make up 5% of all households. Nonfamily households make up 27.5% of households in Uintah County¹⁹.

Figure 5: Households in Uintah County 2014- 2018



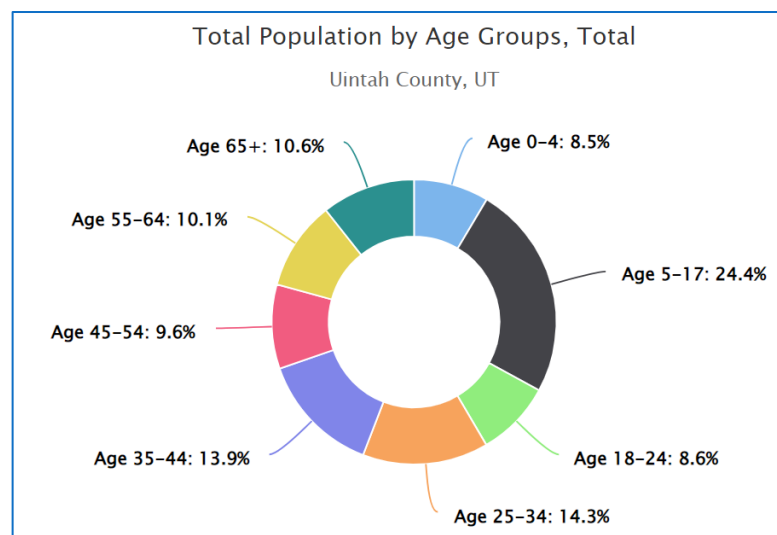
The economy of Uintah County is 76.9% private industry and 18.5% federal, state or local government workers. The main industries of Uintah County are agriculture, educational services, healthcare and social assistance and retail trade.

Population: 35,970
Men: 18,194
Women: 17,776

Median Resident Age:
Uintah County: 30.3 years
Vernal City: 30.1 years

Estimated Median Income:
Uintah: \$49,242
Men: \$62,656
Women: \$36,813

Figure 6: Uintah County Population by Age



¹⁶ (U.S. Census Bureau, 2012)

¹⁷ (Utah Department of Health and Human Services, 2021)

¹⁸ (Utah Department of Health and Human Services, 2020)

¹⁹ (U.S. Census Bureau)

Vernal is the county seat and has a population of 30,202.

Demographics

Overall Population

In 2020 TriCounty had a population of 56,151²⁰. The Utah population as a whole increased 18.4% from 2010 to 2020 according to the 2020 Census with a population of 331.4 million people. Utah is projected to increase to 5.5 million in 2060²¹. This increase of population can potentially change the demographic makeup of TriCounty in the coming years.

Birth Rates

Birth rate is the number of live births in a given year per 1,000 persons in the total population. Tracking birth rate patterns is critical to understanding population growth and change in TriCounty. Birth rates directly relate to a population's need for timely preconception, prenatal, neonatal and postpartum care.

Table 1. Birth Rates in TriCounty, 2010-2020

Year	Birth Rate per 1,000	Number of Births	Population Count
2010	18.62	972	52,189
2011	19.71	1,047	53,108
2012	19.73	1,080	54,743
2013	18.93	1,075	56,796
2014	19.84	1,156	58,256
2015	17.4	1,038	59,665
2016	16.5	950	57,562
2017	14.69	824	56,099
2018	15.86	893	56,293
2019	13.88	786	56,647
2020	13.36	760	56,890

Data Source: [IBIS, 2020 US Census](#)

Distribution by Age

The population of Utah, on a percentage basis, is younger than the rest of the U.S. population; a median age of 30.7 years versus 37.9 years nationally. According to the 2020 Census Bureau, the population for TriCounty in 2020 was 56,890 people.

²⁰ (Albers, Bateman, & Harris, 2022)

²¹ (Hollingshaus, et al., 2022)

Table 2. Population by Year in TriCounty, 2010-2020

Year	Population 0-17 yr. old	Population 18-24 yr. old	Population 25-34 yr. old	Population 35-44 yr. old	Population 45-54 yr. old	Population 55-64 yr. old	Population 65-74 yr. old	Population 75+ yr. old
2010	17,379	4,832	8,156	5,717	6,073	4,815	2,965	225
2011	17,631	4,928	8,283	6,010	5,975	5,026	2,964	236
2012	18,292	5,055	8,523	6,330	5,913	5,184	3,124	218
2013	19,146	5,192	8,846	6,816	5,800	5,430	3,180	251
2014	19,751	5,196	9,097	7,188	5,715	5,575	3,307	210
2015	20,403	5,286	9,088	7,632	5,690	5,701	3,408	228
2016	19,539	4,639	8,465	7,600	5,578	5,727	3,509	257
2017	18,785	4,373	7,800	7,726	5,428	5,732	3,706	253
2018	18,677	4,325	7,618	8,019	5,361	5,816	3,868	264
2019	18,610	4,358	7,552	8,111	5,431	5,795	4,074	277
2020	18,381	4,469	7,385	8,251	5,580	5,759	4,290	267

Data Source: [IBIS, 2020 US Census](#)

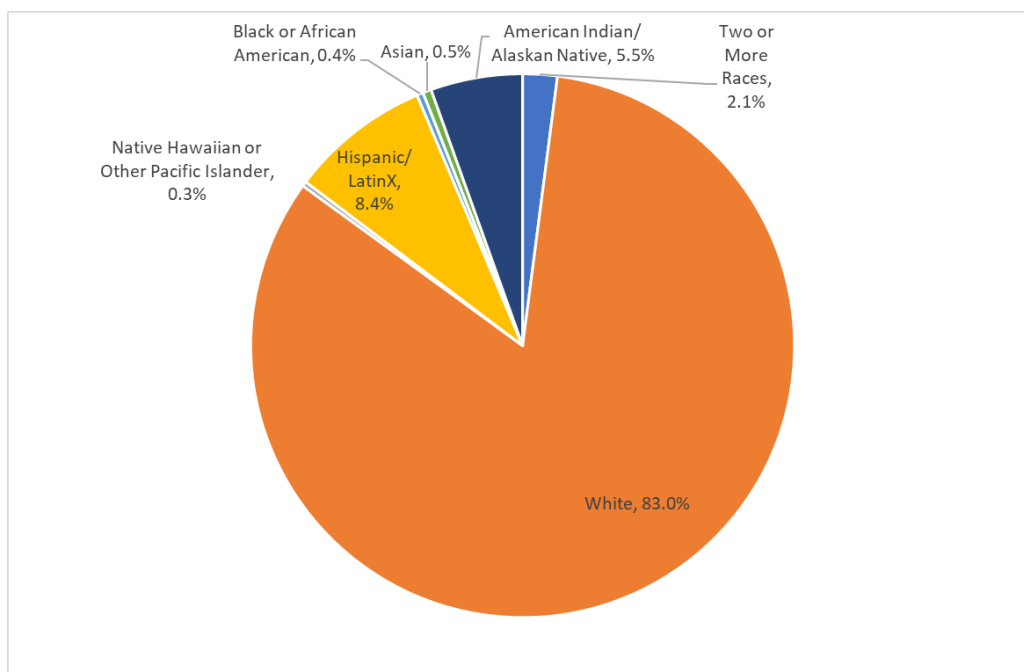
Gender

According to the 2020 Census data, the TriCounty population consists of 50.7% males and 49.3% females.

Race and Ethnicity

For people reporting one race in 2020, 83% identified themselves as White, 8.4% identified as Hispanic/LatinX, 5.5% identified as American Indian or Alaskan Native, 0.5% identified as Asian, 0.4% identified as Black or African American and 0.3% identified as Native Hawaiian or Other Pacific Islander. Those who identified as two or more races make up 2.1% of the TriCounty population.

Figure 7: Percentage of Race, TriCounty, 2020



Education

In 2016- 2020 38.2% of people aged 25 years and older had at least graduated from High School and 27.7% had attended some college but have no degree. An estimated 11.4% did not complete high school.

Income

The household median income for TriCounty from 2016- 2020 was \$59,428. In comparison, the household median income for the state of Utah was \$74,197

Persons Living in Poverty

In 2020 it is estimated that 10.7% of TriCounty's population was living in poverty. An estimated 12.9% of persons under 18 years were living in poverty in 2020.

Religion

According to data from the Behavioral Risk Factor Surveillance System (BRFSS) in 2020, the majority of adults in TriCounty belonged to the Latter-Day Saints (LDS) religion (52%) with the next highest category being "Some other religion" (39.3%).

Figure 8. Educational Attainment, TriCounty, 2020

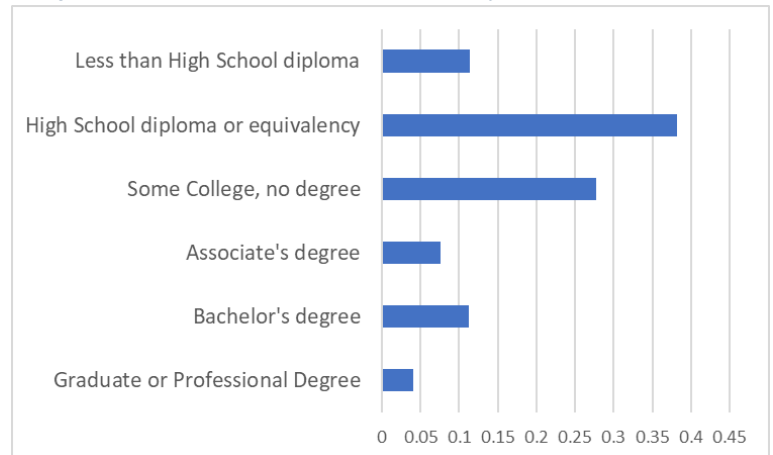
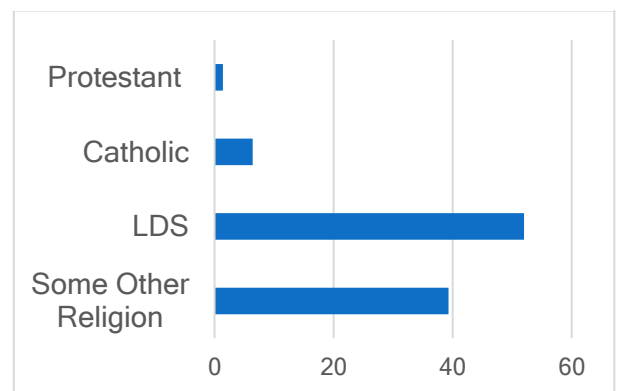


Figure 9. Percentage of Religious Affiliation, TriCounty, 2020



Special Populations

Health disparities are differences in health outcomes that affect groups of people who are disadvantaged in opportunities and resources, often due to differences in economic/ social disadvantages. These may be due to socioeconomic status, geographic location, race, ethnicity, national origin, religion, age, ability, gender and sexual orientation. A disparity implies differences in health outcomes are avoidable and unfair. In order to achieve health equity within Utah communities, or in other words, ensure the highest level of health potential for all people, it is important to identify groups that are at higher risk for experiencing health disparities, and seek to understand and address the factors contributing to the disparities.

Ute Indian Tribe of the Uintah and Ouray Reservation

The Ute Indian Tribe of the Uintah and Ouray reservation is located in the Uintah Basin and is the second largest Indian Reservation in the U.S. and covers over 4.5 million acres. Three bands of Utes make up the Northern Ute Tribe: the Whiteriver, Uncompahgre and Uintah²². The Utes have a tribal membership of 2,970²³.

Veterans

Those who have served in the military experience unique health risks and needs depending on where, when and how they served. Common health issues facing the veteran population include post- traumatic stress disorder, traumatic brain injury, hearing loss, and illnesses caused by toxic exposures²⁴.

According to results from the 2021 Utah's Behavioral Risk Factor Surveillance System (BRFSS), 9.4% of TriCounty residents are veterans²⁵.

Homeless

Persons experiencing homelessness are considered a vulnerable population. Beyond the obvious housing insecurity faced by this population, they are at a higher risk for poor health outcomes due to their lack of permanent housing—such as food insecurity, exposure to violence and drugs, infectious diseases, and mental health issues²⁶.

²² (Utah Department of Cultural and Community Engagement)

²³ (Ute Indian Tribe, 2013)

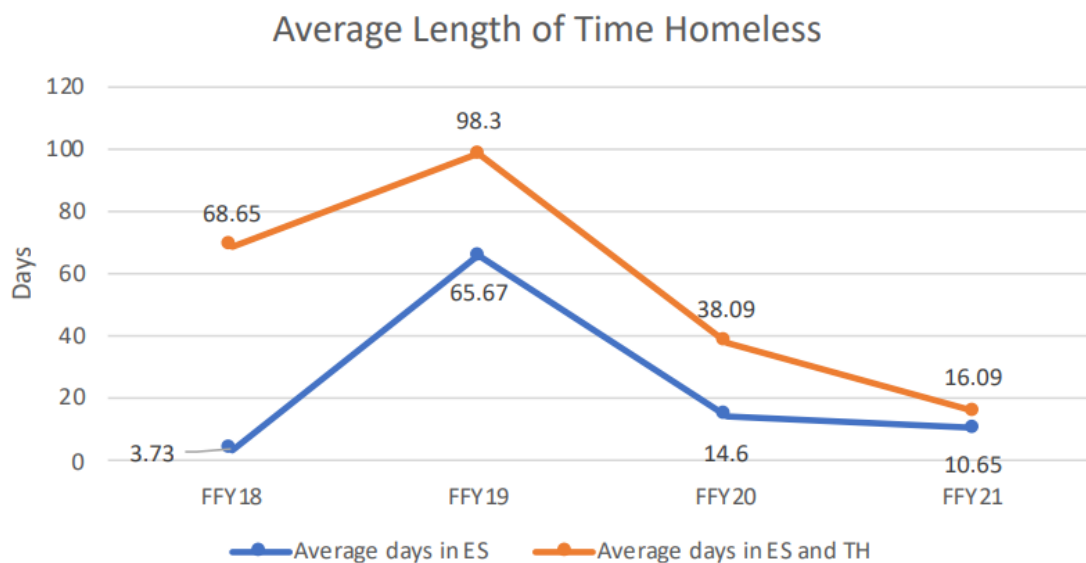
²⁴ (DAV)

²⁵ (Utah Department of Health and Human Services, 2021)

²⁶ (Utah Department Of Health)

According to the 2022 Annual Data Report on Homelessness by the Utah Department of Workforce Services the average length of time experienced by homeless in the Uintah Basin has decreased from a high of 98.3 bed nights in emergency shelters and transitional housing during FY 2019 to a low of 16.09 bed nights in emergency shelters and transitional housing during FY 2022. Unfortunately, there was an increase in the count of people experiencing homelessness to 360 persons. There were 355 people enrolled in emergency shelters and transitional housing, with 309 persons experiencing homelessness for the first time.

Figure 10. Average Length of Time Homeless (bed night)



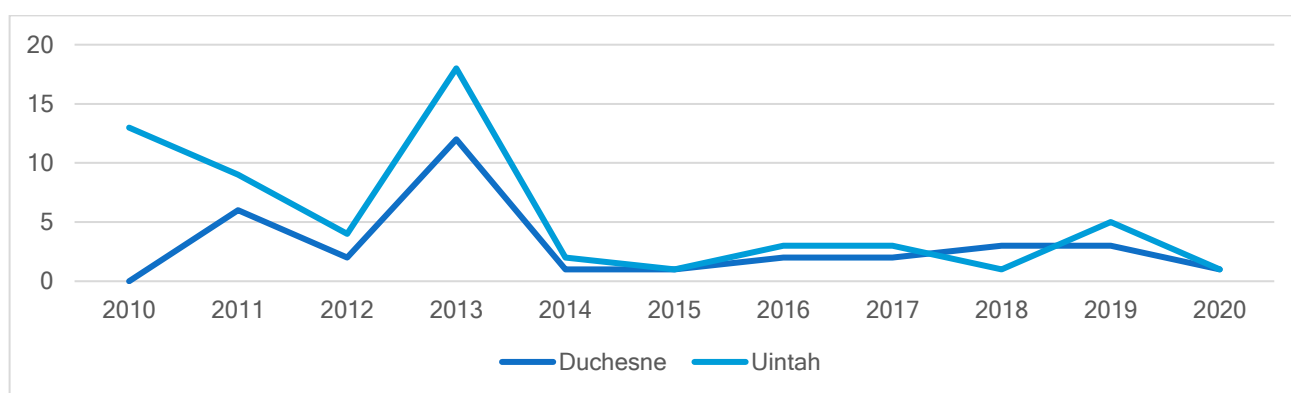
Environmental Health

Air Quality- Particulate Matter (PM₂₅)

Air quality is measured as the percentage of days with PM₂₅ levels over the National Ambient Air Quality Standards (NAAQS). The percentage reflects the number of days sampled in the area during the year, not the total days of the year.

Particulate matter that measures 2.5 micrometers in diameter or less is often referred to PM₂₅. Particulate matter 10 (PM₁₀) measures 10 micrometers or less in diameter and is composed of metals, allergens, nitrates, sulfates, organic chemicals, soil, and dust²⁷.

Figure 11. Mean Percentage of Days PM₂₅ Over NAAQS Standard in Uintah and Duchesne Counties by Year, 2010- 2020



With the exception of 2013, Uintah Basin has had good air quality with less than 3% of monitored days being over the PM₂₅ levels for NAAQS. Data is not available for Daggett County.

Risk Factors

Particle pollution has been linked to eye irritation, lung and throat irritation, trouble breathing, lung cancer and adverse neonatal outcomes. If you have heart disease, breathing particulate matter can cause serious problems like a heart attack. Particle pollution can affect anyone but older adults, babies, children, and people with heart and lung diseases are most at risk.

²⁷ (Environmental Public Health Tracking, 2023)

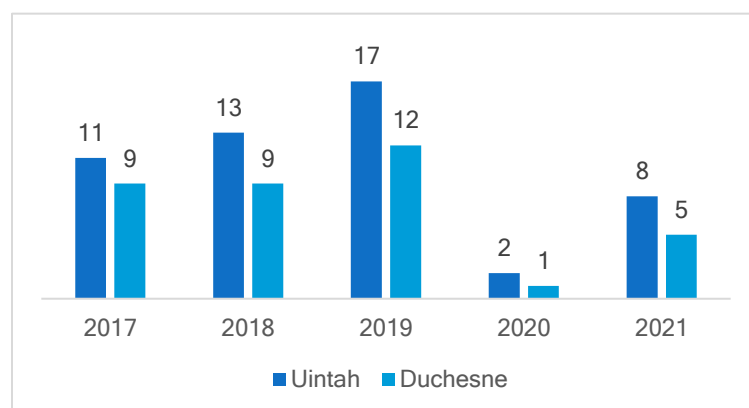
Air Quality- Ozone (O₃)

Ozone is a naturally occurring component of the atmosphere at ground level and in the upper atmosphere. While the ozone in the upper atmosphere protects the earth from the sun's powerful rays, ground ozone can be hazardous to the health of plants, animals and humans²⁸.

This measure is indicated as the number of days when at least one air monitoring station showed a reading over the National Ambient Air Quality Standard (NAAQS) for ozone. The United States Environmental Protection Agency (EPA) ozone standard states that the 8- hour average ozone level should not exceed 0.070 ppm.

There are air monitoring stations in Uintah and Duchesne counties. Data is not available for Daggett County. The number of days above NAAQS standard has decreased from a high in 2013 (Uintah County: 63, Duchesne County: 44). In 2020 there were the lowest number of days above NAAQS standards; Uintah County experienced 2 days above NAAQS standards and Duchesne experienced 1 day above NAAQS standards²⁹.

Figure 12. Maximum 8- hour Average Ozone Concentrations Above the NAAQS Standards, Number of Days by Year, Duchesne and Uintah Counties, 2017- 2021



Risk Factors

Ozone has been associated with many health risks. These risks include coughing and pain while taking a deep breath, lung and throat irritation, and wheezing and trouble breathing during exercise or outdoor activities. While anyone can be affected by ozone, people with asthma or other lung conditions, older adults, people who exercise or work hard outside, and babies and children are at greatest risk³⁰.

²⁸ (National Aeronautics and Space Administration , 2004)

²⁹ (Utah Environmental Public Health Tracking, 2022)

³⁰ (Centers of Disease Prevention and Control, 2023)

Substandard Housing

This indicator reports the number and percentage of owner and renter occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

Disparities

According to US Census Bureau, American Community Survey 2016-2020, Uintah County had the highest area in TriCounty with substandard housing at 24.52% of housing units having at least one substandard condition present. Daggett County had the lowest percentage of substandard housing with 5.3%. It should be noted that there are significantly fewer housing units in Daggett County than Uintah County. All areas of TriCounty have a lower percentage of substandard housing than the state of Utah (27.07%) and nationally (31.45%).

Table 3. Housing Affordability by County, 2016-2020

Area	Percent, Rented households (2016-2020)	Average monthly cost to rent a 2 BR apartment	Affordable monthly rent at mean renter wage
Daggett	29%	\$792	\$1,143
Duchesne	26%	\$829	\$937
Uintah	23%	\$858	\$681
Utah	29%	\$1,153	\$959

Data Source: [National Low Income Housing Coalition, Utah 2022](#)

Table 4. Housing Units by County, 2016-2020

Area	Total Occupied Housing Units	Substandard Housing Units	Percent, Substandard Housing Units
Daggett	169	<10	5.30%
Duchesne	7,038	1,821	25.87%
Uintah	10,739	2,633	24.52%
Utah	1,003,345	271,557	27.07%

Data Source: [US Census Bureau, American Community Survey, 2016-2020](#)

Risk Factors

Substandard housing increases risks for environmental disease and injuries.

TriCounty Health's Response

TriCounty Health's Environmental Health Department has many programs to improve the living conditions residents. Their programs include:

- Drinking Water Analysis
- Well Water Analysis
- Wastewater Analysis and Inspections
- Subdivision Review
- Radon Kits
- Asbestos and lead based paint remediation plan review

Contact TriCounty Environmental Health at: (435) 247-1160

Food Insecurity

Food insecurity can be measured by many different metrics; one of the measures is by how many people in a particular area are affected by food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks health food sources due to income, distance to supermarkets or vehicle access.

The TriCounty area has approximately 9,626 people who experience food insecurity.

Table 5. Food Deserts in Uintah County and Utah, 2019

Area	Total Population	Food Desert Population	% Of People Affected	Food Desert Census Tracts	Other Census Tracts
Daggett	1,026	0	0%	0	1
Duchesne	19,894	3,847	19%	1	2
Uintah	35,970	5,779	16%	1	5
TriCounty	56,890	9,626	17%	2	8
Utah	3,249,879	234,217	7%	49	536

Data Source: *US Department of Agriculture, Economic Research Service, USDA - [Food Access Research Atlas](#). 2019*

Risk Factors

Food insecurity and the lack of access to affordable nutritious food is associated with an increased risk of diabetes, obesity, heart disease, mental health disorders and other chronic diseases³¹.

TriCounty Health's Response

At the Roosevelt location for TriCounty Health, the Health Promotions Department has started a community garden where the produce is collected and donated to the local food pantry.

In the summer months, TriCounty Health has staff at the Ashley Valley Farmer's Market, Saturdays from July to September, to answer questions about programs and provide assistance.

³¹ (National Institute on Minority Health and Health Disparities , 2023)

Respiratory Health

Asthma

This indicator reports the percentage of the Medicare Fee-for-service population with asthma.

Table 6. Percentage of Medicare Fee- for-Service Asthma Utilization by County, 2011-2018

Area	2011	2012	2013	2014	2015	2016	2017	2018
Daggett	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Duchesne	3.3%	3.2%	2.8%	3.4%	3.7%	4.2%	4.6%	3.8%
Uintah	3.1%	2.8%	3.4%	3.5%	3.7%	3.9%	4.7%	4.6%
Utah	4.2%	4.2%	4.4%	4.6%	4.8%	4.8%	5.1%	5.2%
United States	4.9%	5.0%	5.1%	5.2%	5.3%	5.1%	5.1%	5.0%

Data Source: Centers for Medicare & Medicaid Services, [*Centers for Medicare & Medicaid Services - Chronic Conditions*](#). 2018

Over the last 10 years the percentage of the Medicare Fee-for-service population with asthma has increased in all counties.

Risk Factors

Environmental factors such as allergens, cigarette smoke and air pollution may contribute to asthma. A combination of preventative treatment and avoiding triggers assists in individuals successfully managing their asthma.

COVID-19

This measure reports the number of laboratory confirmed cases of COVID-19. The counts reflected will be lower than the counts reported on public dashboards because they do not include probable cases. These counts are considered provisional as investigations are ongoing.

The number of COVID-19 cases in the TriCounty area have fluctuated over the course of the pandemic. In 2020 there were 2,508 laboratory confirmed cases, in 2021 there were 6,761 and in 2022 there were 5,538 for a total of 14,807 cases over three years³².

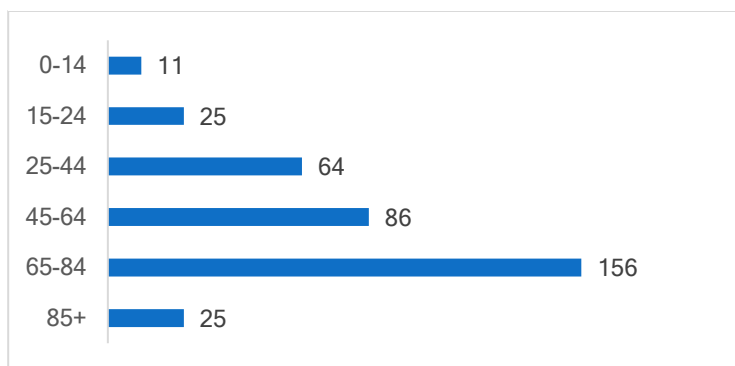
There were 191 COVID hospitalizations in 2020, 743 hospitalizations in 2021 and 383 hospitalizations in 2022.

In 2020 25 laboratory confirmed cases died; in 2021 58 cases died and in 2022 32 cases died.

Disparities

In 2022 adults aged 65-84 had significantly more hospitalizations than any other age group (Figure 34). However, there were the same number of deaths (11) for both the 65-84 and 85+ age groups.

Figure 13. COVID-19 Hospitalizations by Age, TriCounty, 2022



TriCounty Health's Response

In response to the COVID-19 pandemic, TriCounty Health hired a team of Contact Tracers (CTs) and Community Health Workers (CHW). In conjunction with the Utah Department of Health and Human Services (formerly Utah Department of Health) they completed over 6,400 disease investigations. During these investigations, residents of Uintah Basin were connected with resources and given current information. The contact tracing program was discontinued in November of 2022 however, resources such as CHWs are available through many of TriCounty's Health Promotions programs.

In addition, TriCounty Health provides a variety of COVID-19 vaccines. Vaccinations are available at both Vernal and Roosevelt clinic locations. In TriCounty 21,856 people have

³² (Utah Department of Health, Bureau of Epidemiology, 2023)

completed their primary series of vaccination and 25,971 people have received at least one dose of COVID-19 vaccine.

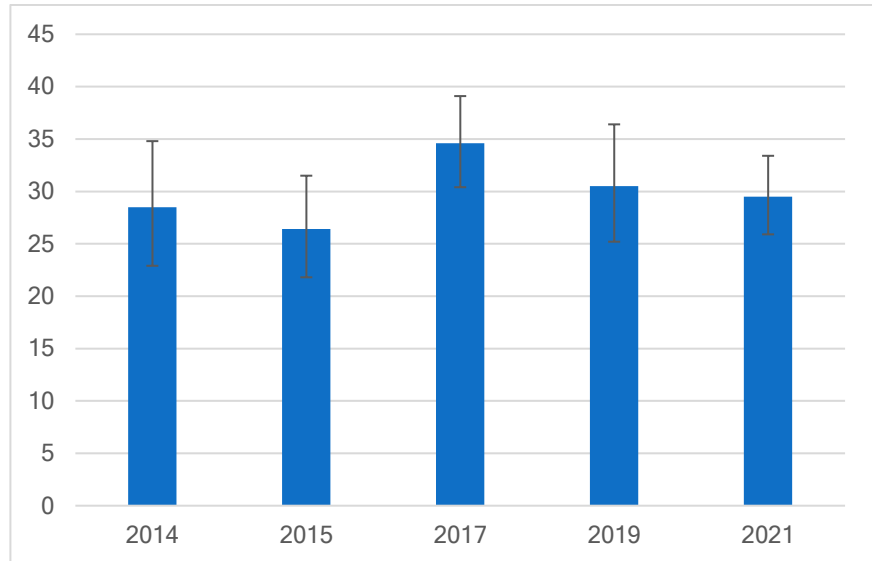
Cardiovascular Health

High Blood Pressure

This measure reports the age-adjusted proportion of adults who have ever been told by a doctor or other healthcare provider that they have high blood pressure. High blood pressure is defined as a systolic pressure (higher) equal to or greater than 140 and a diastolic pressure (lower) equal to 90 or greater.

Overall, the area of TriCounty had statistically similar rates of high blood pressure (29.5%) to the rest of the state (27.6%).

Figure 14. TriCounty Percentage with High Blood Pressure (age-adjusted), 2014- 2021



Disparities

Men had higher rates of high blood pressure (39.3%) than women (20.3%).

Veterans were more likely to have high blood pressure (44.9%) than non-veterans (27.9%).

The percentage of people diagnosed with high blood pressure increased with annual salary. Those who earned under \$25,000 annually had the lowest rate (26.3%) while those who earned more than \$75,000 or more had the highest rates (32.5%).

Table 7: High Blood TriCounty Comparison by Location, Age, Sex, Veteran Status and Income

	Crude Rate	95% CIs	Age-Adjusted Rate	95% CIs
Location				
Daggett	No Data	No Data	No Data	No Data
Duchesne	29.90%	23.3%-37.6%	29.10%	23.5%-35.3%
Uintah	32.50%	27.1%-38.5%	30.40%	25.8%-35.5%
TriCounty	31.40%	27.2%-36.1%	29.50%	25.9%-33.4%

Utah	26.70%	25.6%- 27.7%	27.60%	26.6%- 28.6%
Age				
18-34	12.40%	7.4%-20.2%		
35-49	26.20%	19.6%-34.1%		
50-64	36.90%	27.7%-47.3%		
65+	58.20%	49.0%-67.0%		
Sex				
Male	42.70%	36.2%- 49.6%	39.30%	33.4%- 45.4%
Female	20.80%	16.2%- 26.3%	20.30%	16.4%- 24.7%
Veteran Status				
Yes	56.30%	41.6%- 70.0%	44.90%	30.9%- 59.8%
No	28.50%	24.2%- 33.1%	27.90%	24.2%- 31.9%
Income				
0-\$24,999	28.80%	17.3%- 43.9%	26.30%	17.9%- 37.0%
\$25,000- \$49,999	33.50%	25.0%- 43.2%	27.00%	20.0%- 35.4%
\$50,000- \$74,999	25.90%	18.2%- 35.4%	30.60%	22.5%- 40.1%
\$75,000+	34.80%	27.6%- 42.8%	32.50%	26.4%- 39.2%

Data Source: [IBIS BRFSS 2021](#)

Risk Factors

High blood pressure is one of the most common primary diagnoses in the United States. Risk for developing hypertension increases with age. However, some risk factors can be reduced through lifestyle changes. These include exercise, tobacco cessation, reducing excess weight and eating a balanced diet. Individuals are encouraged to discuss their risk for hypertension with their primary care provider and monitor their blood pressure regularly³³.

TriCounty's Response

Hypertension checks are accessible at TriCounty Health locations as well as the Food Pantry. Automatic blood pressure cuffs are used and are available to check out at both TriCounty offices in Vernal and Roosevelt and the Uintah County Library.

³³ (Institute of Medicine, 2010)

Available Services/ Resources

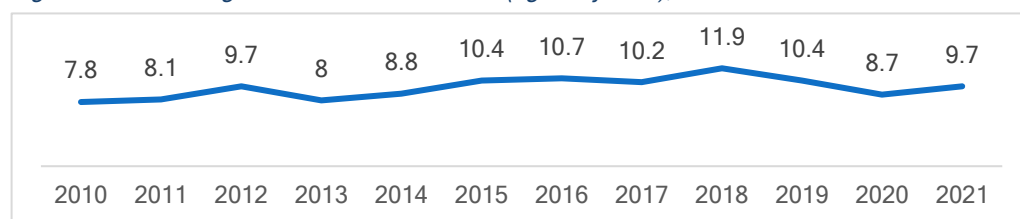
- UDOH EPICC Program
- [Million Hearts](#)
- [American Heart Association](#)
- [CDC Blood Pressure website](#)

Diabetes

Diabetes is a chronic health condition that affects how your body turns food into energy. With diabetes your body doesn't make enough or can't use insulin as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time that can cause serious health problems such as heart disease, vision loss and kidney disease³⁴.

This measure reports the percentage of TriCounty adults (18+) who reported being told by a healthcare professional they have diabetes (excludes women who were told they had diabetes only during pregnancy or those who reported they had "borderline" or prediabetes).

Figure 15. Percentage of Adults with Diabetes (age-adjusted), 2010-2021



The prevalence of diabetes in TriCounty adults has decreased from a high of 11.9% in 2018 to 9.7% in 2021. The lowest recorded prevalence of adult diabetes in TriCounty was 7.8% in 2010. TriCounty has a higher prevalence rate of diabetes than the state (7.9%) and the country (9.0%). When separated into the different counties Uintah had the highest rate of diabetes (11.2%) followed by Duchesne (8.4%) and then Daggett (7.7%)³⁵.

Disparities

In 2021 men had a higher prevalence (12.4%) than women (7.2). The rate of diabetes increases with age. There was 20.7% of adults older than 65 in TriCounty who had diabetes. There is not sufficient information to determine if a specific race or ethnicity has a higher rate of diabetes in TriCounty however, when looking at the state as a whole, Pacific Islanders and American Indian/ Alaskan Natives have especially high rates.

Risk Factors

Anyone can develop diabetes but the risk is greater for those who are older, overweight or obese, physically inactive or belong to a minority or ethnic group. Being overweight or obese

³⁴ (Centers for Disease Control and Prevention, 2023)

³⁵ (Centers for Disease Control and Prevention, 2023)

is a major risk factor for developing diabetes. The risk of developing diabetes can be substantially reduced through weight loss and physical activity³⁶.

TriCounty's Response

To improve the health of the community, TriCounty health educators provide in-person classes to help residents live healthier and prevent the onset of diabetes. The CDC-recognized lifestyle change program includes 16 weekly sessions, 6-month maintenance sessions, fresh produce vouchers, mentoring and other incentives. New cohorts begin in January, June and September.

Available Services/ Resources

- [American Diabetes Association](#) 1-800-DIABETES
- [National Diabetes Education Program](#)
- [National Diabetes Prevention Program](#)
- Utah Health Resource Line 1-888-222-2542
- [UDOH EPICC](#)
- [Association of Diabetes Educators](#)

³⁶ (Centers for Disease Control and Prevention, 2023)

Obesity and Physical Activity

Obesity in Adults

This measure is defined as the percentage of adults (18+) who have a body mass index (BMI) greater than or equal to 30 kg/m² calculated from self-reported weight and height.

In TriCounty the 2021 crude percentage of obesity was 68.7%. This is an increase from the previous year of 66.4%. This rate was statistically the same to the state's rate of obesity (64.1%).

Disparities

In TriCounty the age group with the highest percentage of obesity was 50-64-year-olds (76.7%). Uintah County had the highest percentage of obese adults (70.9%) while Duchesne County reported 65%. Obesity rates were not available for Daggett County. There was not information available for obesity rates by races/ ethnicities in TriCounty.

Table 8: Percentages of Obese Adults by Location (Crude Rate)

Age Group	Duchesne	Uintah	TriCounty	Utah
18-34	49.9%	58.4%	54.6%	52.0%
35-49	68.9%	77.8%	74.5%	72.3%
50-64	*	*	76.7%	72.8
65+	71.6%	66.9%	68.7%	67.3%
Overall	65.0%	70.9%	68.7%	64.1%

Source: Utah BRFSS 2021

Risk Factors

Genetics, family history, some diseases, and some medications are risk factors for obesity that outside of one's control. Behaviors such as engaging in physical activity and having a healthy diet can significantly reduce someone's risk of becoming obese.

Available Resources

- Making the Healthy Choice the Easy Choice, [The Utah Nutrition and Physical Activity Plan 2010-2020](#)
- [The National Center for Chronic Disease Prevention and Health Promotion](#)
- [National Heart, Lung, and Blood Institute Obesity Education Initiative](#)
- [The State of Obesity: Better Policies for a Healthier America](#)
- [Trust for America's Health](#)

Physical Activity

This measure reports the percentage of adults who meet aerobic physical activity recommendations of getting at least 150 minutes per week of moderate-intensity activity or 75 minutes of vigorous-intensity activity or an equivalent combination of moderate-vigorous intensity activity.

The Healthy People 2020 US target for recommended aerobic physical activity is 47.9%. This target was met by TriCounty (53.1%) and the state (54.9%) in 2019³⁷.

Disparities

In TriCounty those ages 35-49 had the lowest percentage of meeting the recommended amount of exercise (48.1) while 51-64-year-olds had the highest (58.9%). More females reported meeting the recommended exercise (57.7%) than males (47.8%).

American Indian/ Alaskan Natives reported 60.3% of people getting recommended exercise. Hispanic residents reported the lowest rate of exercise with only 35.5%.

Risk Factors

Lack of physical activity can be a risk factor for high blood pressure, coronary heart disease, obesity, diabetes, certain cancers, anxiety, depression, falls and poor bone health along with other chronic diseases.

TriCounty's Response

TriCounty Health provides a free Tai Chi for Injury Prevention and Health. This class is a low impact exercise that puts minimal stress on muscles and joints while focusing on breathwork. Tai Chi focuses on weight transference which can improve balance and prevent falls. Classes are provided both in-person and virtually. In person classes are held at the USU Extension office in



³⁷ (Utah Department of Health and Human Services, 2021)

Roosevelt and the Golden Age Center in Vernal.

The Teaching Obesity Prevention in Early Childcare and Education Settings (TOP Star) is a Utah Department of Health program created to improve children's health in early childcare and education settings. The program supports childcare providers by providing individual guidance, support, resources, and tools to improve their nutrition, physical activity and breastfeeding environments. TOP Star provides free online continuing education training, policy development assistance, quarterly newsletters, menus, lesson plans, posters, tools and other resources.

Available Services/ Resources

- [Choose Health Utah](#)
- [Worksite Wellness](#)

Mental Health

Mental Health Status

This measure reports the percentage of adults aged 18 years and older who reported seven or more days when their mental health was not good in the past 30 days.

In 2021 approximately 21.8% of adults in TriCounty reported having seven or more days when their mental health was not good in the past 30 days. In comparison to the state of Utah where approximately 25.2% of adults reported seven or more poor mental health days³⁸.

Disparities

In TriCounty, seven or more days when mental health was not good in the past 30 days was related to age, sex, income and education. Women (27.7%) had poorer mental health than men (15.6%).

Worse for those ages 18-34 (40.1%) compared with all other age groups (15.7%).

Table 9: Percentage of Poor Mental Health in the Past 30 Days, 2021

Age (crude rate)	
18-34	40.1%
35-49	15.7%
50-64	15.6%
65+	*
Sex (age-adjusted rate)	
Male	17.6%
Female	27.7%
Education (age-adjusted rate)	
HS or GED	25.5%
Some College	19.5%
College	16.0%
Income (age-adjusted rate)	
\$0- \$24,000	27.5%
\$25,000- \$49,999	24.4%
\$50,000- \$74,999	22.9%
\$75,000+	18.6%

Source: Utah BRFSS, 2021

³⁸ (Utah Department of Health and Human Services, 2021)

** Information deemed unreliable due to coefficient of variation > 30%*

Risk Factors

Risk factors may include, but are not limited to, violence in the community, economic stress, availability of drugs, family history, trauma, and genetic or physiological factors.

TriCounty's Response

TriCounty Health provides QPR (question, persuade, refer) Suicide Prevention Training to train community members to recognize and refer someone at risk of suicide. The training teaches participants how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

TOP is a national youth program offered through TriCounty that emphasizes skill building, developing a sense of self and making connections. The program includes a weekly lesson for 16 weeks and ten community service hours for a learning project. The program is currently offered at Uintah High School, Roosevelt Junior High School, Uintah Middle School and Vernal Middle School.

Available Services/ Resources

- Utah Department of Human Services Division of Substance Abuse and Mental Health ([SUMH](#))
- [Healthy Minds Utah](#)
- Utah Crisis Line: 1-800-273-TALK, 1-800-273-8255
- [Northeastern Counseling Center](#): (435) 789-6300

Depression

This measure reports depression as the percentage of adults aged 18 and older who have ever been told by a healthcare provider that they have a depressive disorder, including depression, dysthymia or minor depression.

From 2016- 2021 approximately 20% of TriCounty adults had been told they had a depressive disorder. This is slightly lower than the state of Utah which has hovered around 23%-24% in the same time period³⁹.

Disparities

The percentage of adults who reported ever being told they had a depressive disorder relates to a variety of factors including age, sex, and income.

In TriCounty during 2021, adult women (26.7%) had higher rates of doctor- diagnosed depression than men (14.3%).

Adults aged 18-34 had higher rates of depression than other groups (30.9%). Conversely, adults 65 and older had lower rates of depression (12.9%).

Adults with a household income less than \$25,000 had significantly higher rates of doctor- diagnosed depression (46.7%). Adults with a household income greater than \$75,000 had the lowest rates of doctor- diagnosed depression (13.8%). Those with an income of \$25,000- \$75,000 had a rate of 20-23%.

Reports at the state level have shown a relationship between race and education affecting the rate of depressive disorder however, there is insufficient evidence to show these relationships in TriCounty.

Risk Factors

Utah adults who reported chronic illnesses and/or poor health status in general were also more likely to have reported having ever been told they had a depressive disorder. Behavioral health problems often coincide with chronic diseases and may exacerbate poor health outcomes.

Available Services/ Resources

- [Northeastern Counseling Center](#): (435) 789-6300

³⁹ (Utah Department of Health and Human Services, 2021)

- Utah Department of Human Services Division of Substance Abuse and Mental Health ([SUMH](#))
- [Healthy Minds Utah](#)
- Utah Crisis Line: 1-800-273-TALK, 1-800-273-8255

Addictive Behaviors

Heavy Alcohol Consumption

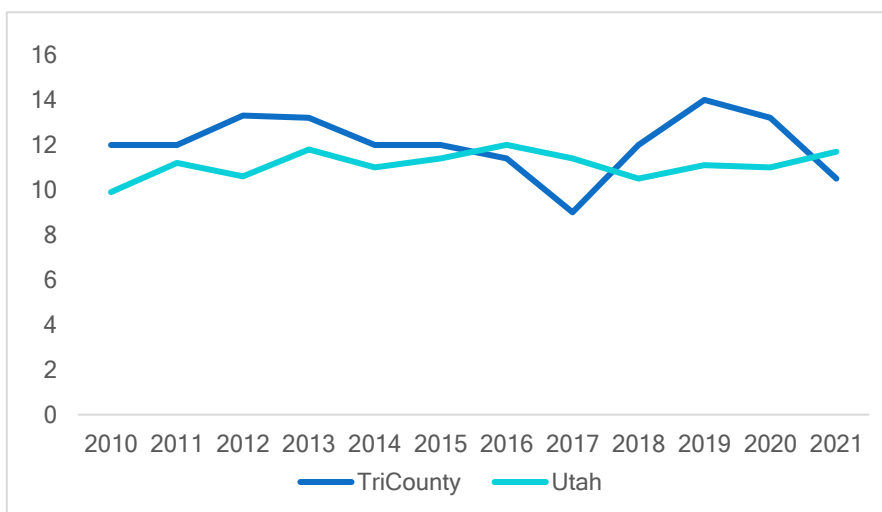
Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or involving more than two drinks per day for men and more than one per day for women, over the same period⁴⁰.

Figure 16. Rates of Heavy Alcohol Use in TriCounty and Utah (age-adjusted), 2010- 2021

In 2021 10.5% of adults reported heavy alcohol consumption in TriCounty compared to 11.7% of adults in Utah. Nationally, the age-adjusted rate of heavy drinking is higher at 16.7%⁴¹.

Risk Factors

Alcohol use is a behavioral issue that is also a risk factor for a physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide.



⁴⁰ (Centers for Disease Control and Prevention , 2022)

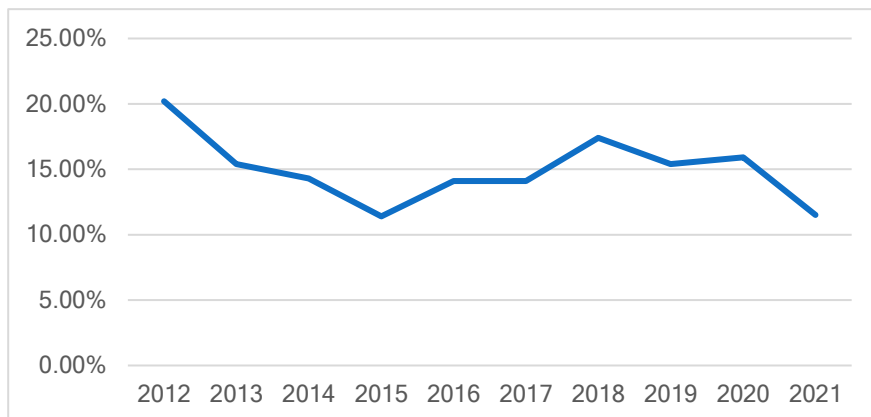
⁴¹ (Utah Department of Health and Human Services, 2021)

Tobacco Use

This measure reports the percentage of adults aged 18 years and older who smoke cigarettes every day or some days.

The rates of cigarette smoking have been decreasing in TriCounty since 2018 from 17.4% to 11.5% in 2021. While the decrease is encouraging, rates are still higher than the rest of the state which has consistently stayed less than 10% since 2015⁴².

Figure 17. Percentage of Cigarette Smoking in TriCounty (age-adjusted), 2012-2021



Disparities

Adults with a lower household income than \$25,000 have the highest rates of smoking (26.8%). Adults with less than a college education report higher rates of cigarette use than the general population.

Females are more likely to smoke cigarettes (12.5%) than men (9.5%).

Uintah County and Duchesne County had similar rates of adults smoking, 14% and 13.6% respectively, while Daggett County had 9.8%

Risk Factors

Smoking increases the risk for chronic lung disease, coronary heart disease, stroke and certain types of cancer.

TriCounty's Response

TriCounty health educators work with the Utah Way to Quit program to help adult residents with tobacco cessation. The program offers services and includes coverage of tobacco cessation medications.

⁴² (Utah Department of Health and Human Services, 2021)

The Breathe Tobacco Free Baby and Me program is a resource for pregnant mothers to quit tobacco use. The program offers the assistance, motivation and planning needed to reduce and quit tobacco use.

A number of programs are provided to prevent youth tobacco use. Each are tailored to educate youth on the dangers of tobacco products (cigarettes, e-cigarettes, etc.) and discourage future use. These programs include:

- Tobacco and Teens
- Catch My Breath
- Students Working Against Tobacco (SWAT) scholarship program

Contact TriCounty Health Promotions for the most up- to- date information on times and locations (435) 722-6306.

Available Services/ Resources

- [Utah Tobacco Prevention and Control Program](#)
- [Way to Quit Program](#); 1-800-QUIT-NOW
- Tobacco Free Resource Line: 1-877-220-3466

E-Cigarettes

Electronic cigarettes or vape products are battery- powered devices that turn liquids into an aerosol. The liquids frequently contain nicotine and flavors. These devices are marketed under a variety of different names such as electronic cigarettes, e-cigarettes, vape products, mods or tanks.

This measure was collected from the Behavioral Risk Factor Surveillance System and reports the percentage of adults aged 18 and older who currently use electronic cigarettes every day or some days.

The percentage of adults using electronic cigarettes in TriCounty increased to 7.71% in 2019 and has since decreased to 5.10% in 2021.

Disparities

Younger adults (those aged 18-34) had significantly higher rates of e-cigarette use compared to other age groups in 2021.

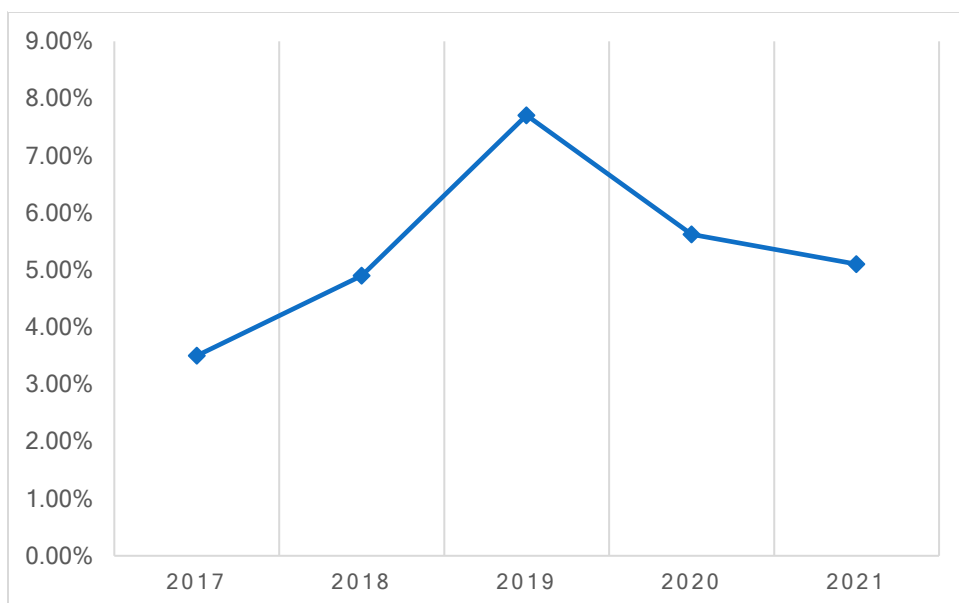
Risk Factors

E-cigarettes or vapes use a heating element to aerosolize a liquid that usually contains nicotine. This liquid is sold in thousands of flavors. Although the long-term health effects are unknown, there is evidence that vaping is not harmless and contains toxic chemicals.

TriCounty's Response

Health educators from TriCounty Health Department work with adolescent youth through their Students Working Against Tobacco (SWAT) program. This program provides a scholarship incentive as well as opportunities to develop leadership skills, and represent the SWAT program at various forums.

Figure 18. Percentage of TriCounty Utahns who Currently Use E-Cigarettes by Year, 2017-2021



Overdose Deaths Involving Opioids

This measure reports the rate (per 100,000 population) of drug overdose deaths caused by acute poisonings that involve any opioid as a contributing cause of death, with unintentional or undetermined intent. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine as well as heroin and opium.

Data was accessed from the [Utah Health Data Dashboard](#).

TriCounty Health District had the second highest rate of drug deaths (31.3 deaths per 100,000) behind Southeast Health District (38.5 deaths per 100,000).

The state of Utah reports opioid deaths through the Utah Violent Death Reporting System. In Utah those aged 25-64 had significantly higher rate.

Over 2 million opioid prescriptions were dispensed in 2020.

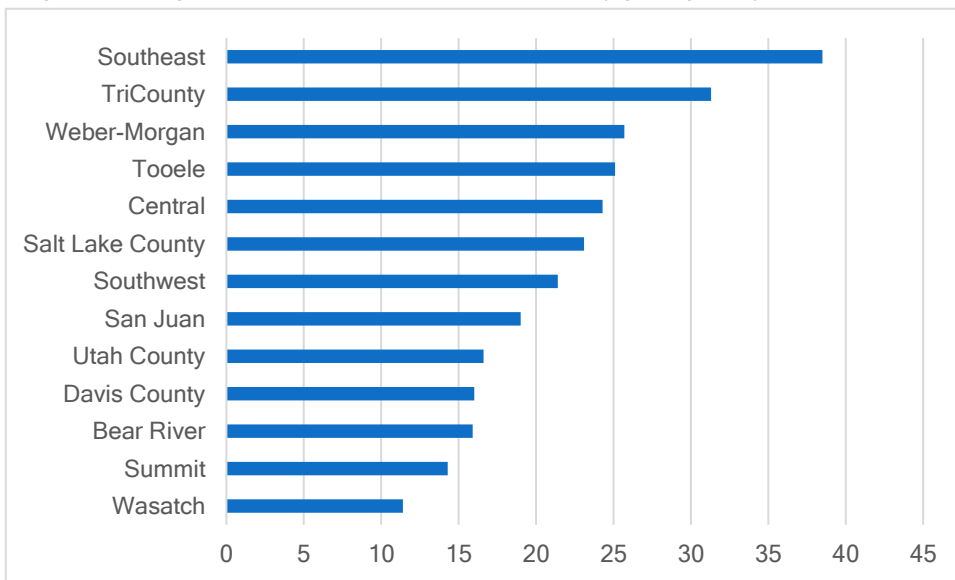
Risk Factors

In Utah, the top five circumstances observed in prescription opioid deaths were physical health problem, substance abuse problem, current mental health problem, current mental health/ substance abuse treatment, non-prescription drug involvement, alcohol dependence or problem and history of suicide attempts.

TriCounty's Response

TriCounty Health coordinates with other community entities to address the opioid epidemic in the Uintah Basin. The coalition works together to decrease stigma and increase prevention opportunities. The goal of this coalition is to work within the community to use local resources to address the needs of this population.

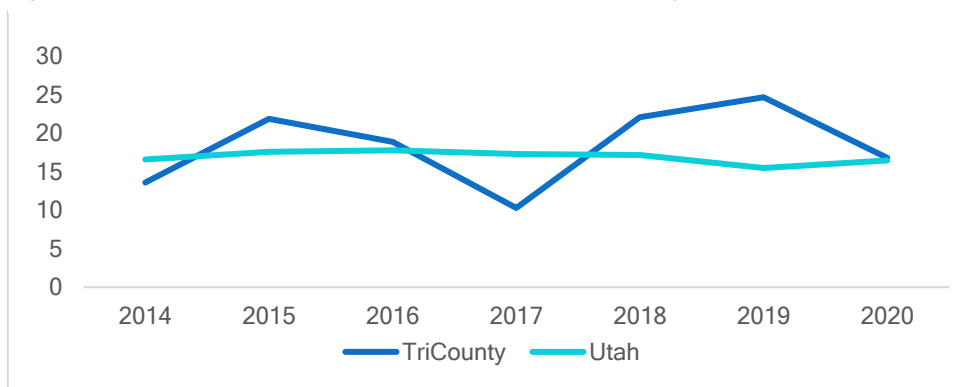
Figure 19. Drug Deaths per 100,000 LHD Comparison (age- adjusted), 2018- 2021



TriCounty Health Promotions provides monthly Basic Naloxone (NARCAN) Training at both the Vernal and Roosevelt locations. At these trainings participants will learn how to recognize the signs of an opioid overdose and administer naloxone. Registration for the monthly classes can be found on the TriCounty Health [website](#).

TriCounty Harm Reduction Program offers weekly meetings for syringe exchange, sharps disposal, Fentanyl test training, naloxone training, safer sex supplies and education, hygiene supplies, HIV, HCV and STI information, referrals to local resources, treatment and care. To sign up for the program, call (435) 709-6775.

Figure 20. Rate of Opioid Related Deaths in Utah and TriCounty, 2014-2020



Available Services/ Resources

- [TriCounty Health Promotions](#) (435) 722-6306
- [UDHHS Naloxone Program](#)
- [Utah Poison Control Center](#) 1-800-222-1222
- [Use Only as Directed](#) media campaign
- [University of Utah](#) : Utah Poison Control Center
- [National Institutes of Health: National Institute on Drug Abuse](#)
- [Utah Division of Substance Abuse and Mental Health](#)
- [Partnership for a Drug Free America](#)
- [Utah Coalition on Opioid Overdose Prevention](#)

Healthcare Access

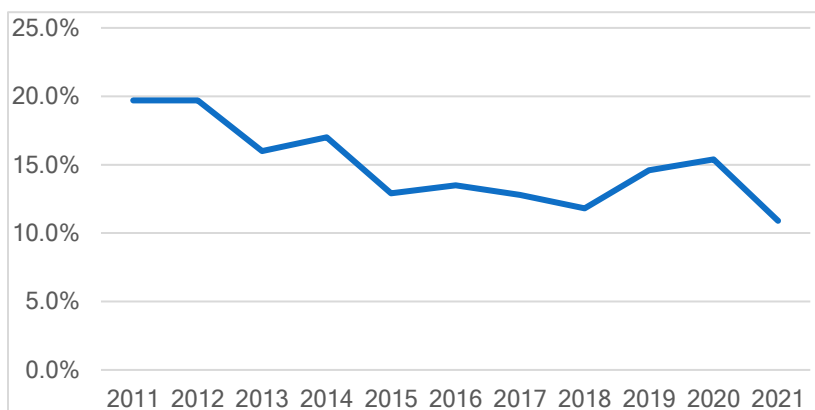
No Health Insurance

This measure reports the percentage of adults without health insurance coverage. Health insurance is defined as including private coverage, Medicaid, Medicare, and other government programs.

The percentage of adults who are without healthcare coverage has been slowly decreasing in the Uintah Basin.

In 2021 the percentage of adults in TriCounty without health insurance was 10.9% which was slightly higher than the state (8.8%)⁴³ and the US (8.3%)⁴⁴.

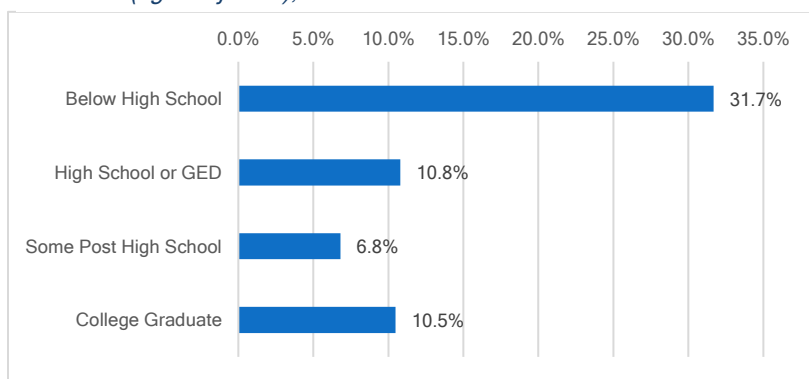
Figure 21. Adults Without Healthcare Coverage, 2011-2021



Disparities

In TriCounty, lower levels of education and annual household income were associated with higher rates of no health insurance. Men had a higher rate of no health insurance than women. Those who listed Hispanic as their ethnicity had the highest rates of no insurance (56.7%).

Figure 22. Percentage of TriCounty Utahns with No Healthcare Coverage by Education (age-adjusted), 2021



Available Services/ Resources

- [Utah MEDICAID](#) Toll free number: 1-800-662-9651
- [CHIP: Children's Health Insurance Program](#) 1-877-543-7669
- [PCN: Utah Primary Care Network](#) 1-888-222-2542
- [UPP: Utah's Premium Partnership for Health Insurance](#) 1-888-222-2542

⁴³ (Utah Department of Health and Human Services, 2021)

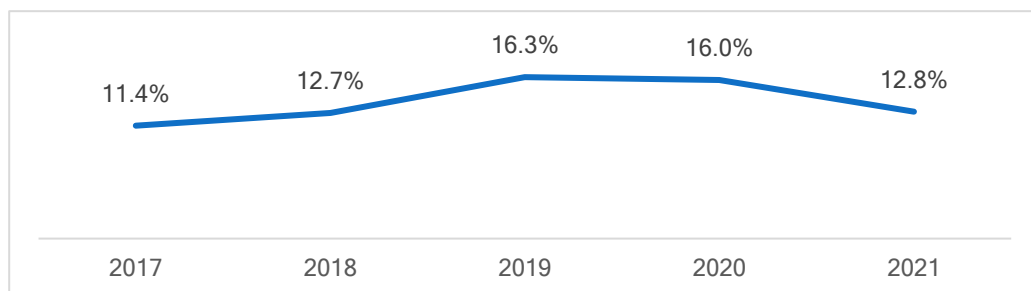
⁴⁴ (Keisler-Starkey & Bunch, 2022)

Cost as a Barrier to Care

This measure reports the percentage of adults who reported they were unable to receive needed healthcare in the past year due to cost.

In 2021, 12.8% of adults in TriCounty reported being unable to obtain care due to cost. This was a decrease from 16% in 2020.

Figure 23. Percentage of Adults with Cost as a Barrier to Care in TriCounty, 2017- 2021



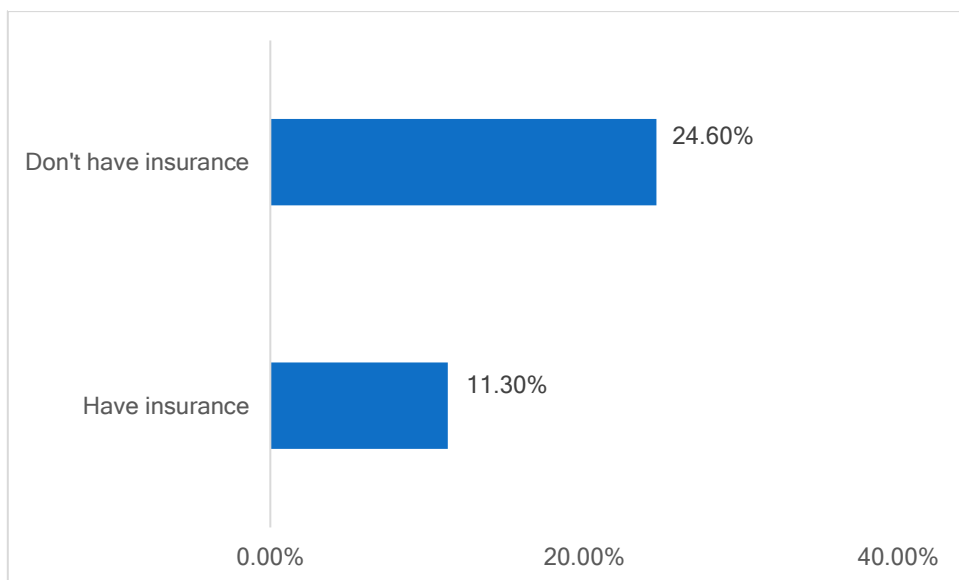
Disparities

The percentage (crude rate) of adults unable to get care due to cost was highest for adults aged 18-34 (24.1%). In 2021, adults with low incomes had the highest rates of being unable to afford care (35.6%). Adults who identified as American Indian/ Alaskan Native were more likely to report cost as a barrier to care (21.9%) than adults who identified as White (15%).

Risk Factors

Poverty and lack of health insurance are risk factors for not being able to afford medical care.

Figure 24. Cost as a Barrier to Care by Health Insurance Coverage (age-adjusted), TriCounty Adults, 2021



Available Services/ Resources

- [Utah MEDICAID](#) Toll free number: 1-800-662-9651
- [CHIP: Children's Health Insurance Program](#) 1-877-543-7669
- [PCN: Utah Primary Care Network](#) 1-888-222-2542
- [UPP: Utah's Premium Partnership for Health Insurance](#) 1-888-222-2542

Regular Dental Care

This measure reports the percentage of adults who reported a dental visit in the past year.

In TriCounty 60.4% of adults reported having seen a dentist in the last year. This is 6% less than in 2018. Comparatively, in the state of Utah 73.1% of adults reported seeing a dentist in 2020.

Disparities

Women were more likely to report going to a dentist (65.5%) than men (57.3%).

The percentage of adults who reported visiting a dentist increased with age from 60.4% of 18-34-year-olds to 70.7% of 35-49-year-olds.

Adults with higher education and higher annual household income were more likely to visit a dentist than those who had lower education and lower income.

Risk Factors

Infrequent use of dental services has been associated with poor oral health in adults. Lifestyle factors such as smoking and disease such as diabetes make more frequent dental visits necessary.

TriCounty's Response

In 2023 the Vernal TriCounty Health dental office will be expanded to accommodate a larger number of patients. Affordable services will be available to increase oral health within the community.

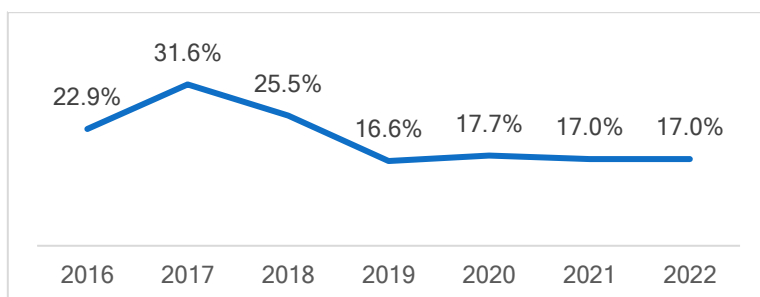
Preventative Services

Childhood Immunizations

This measure reports the percentage of children aged 24 months who received all recommended vaccines (4 DTaP, 3 Polio, 1 MMR, 3 HepB, 3 Hib full series, 1 Varicella, and 4 PCV). This recommendation is commonly referred to as 4:3:1:3:3:1:4 in shorthand.

In 2022 17% of children aged 24 months in TriCounty had received their 4:3:1:3:3:1:4 vaccinations. This percentage increased to 59.6% when including children 24-35 months. Comparatively in 2019 70.1% of children aged 24 months in the US had received their full vaccinations and 74.6% of Utah 24-month-olds were vaccinated⁴⁵.

Figure 25. Percentage of 24-Month-Old Children Fully Vaccinated by Year in TriCounty, 2016- 2021



Risk Factors

There are four main categories for parental concerns regarding childhood vaccination (McKee & Bohannon, 2016). The four categories are religious reasons, personal beliefs or philosophical reasons, safety concerns, and a desire for more information from healthcare providers. The wide spectrum of concerns produces varying results in parent's decisions from completely refusing vaccination to only delaying vaccination so they are more spread out.

TriCounty's Response

The immunization program at TriCounty Health Department offers affordable vaccinations to people of all ages including childhood vaccinations. The program holds frequent back to school vaccination clinics throughout the Uintah Basin to help students catch up on missed vaccinations. Knowledgeable nursing staff is available Monday through Friday for immunization appointments and information⁴⁶.

Available Services/ Resources

- [VFC: Vaccines for Children](#)
- [Immunize Utah](#)

⁴⁵ (Utah Department of Health and Human Services Division of Population Health, Office of Communicable Diseases Immunization Program, 2022)

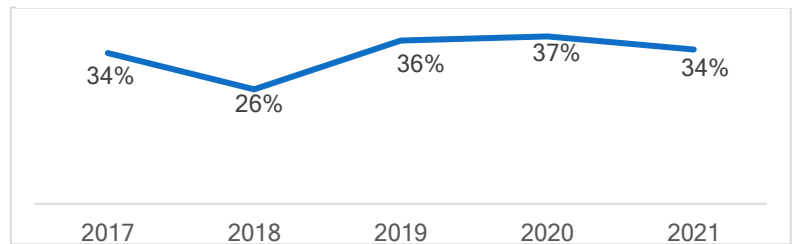
⁴⁶ (Immunization Services)

Influenza Vaccination

This measure reports the percentage of adults who reported receiving an influenza vaccination in the past 12 months.

In 2021, 34.4% of adults in TriCounty reported having received a flu shot. This was down from 37.3% in 2020 but still higher than a low of 25.5% in 2018. 46.8% of adults in Utah reported having an influenza vaccination in 2021⁴⁷.

Figure 26. Percentage of Adults Receiving Influenza Vaccination in the Past 12 Months in TriCounty by Year

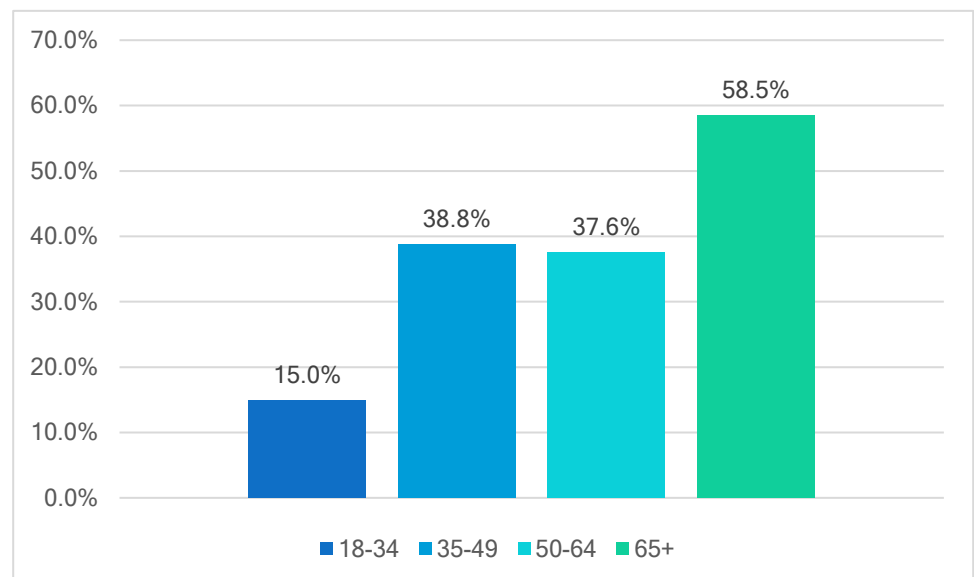


Disparities

Older adults had the highest rates of influenza vaccination (58.5%) while younger adults had much lower rates (Figure 24).

Adults with lower education had lower rates of vaccination compared with adults with higher educational attainment (Figure 25).

Figure 27. Rates of Influenza Vaccination by Age, TriCounty Adults, 2021



Risk Factors

Risk Factors for serious complications of influenza include⁴⁸:

- Children younger than 5 and especially children younger than 2
- Adults older than 65
- Pregnant women and women up to two weeks postpartum
- Residents of long- term care facilities
- People who are American Indian or Alaskan Native
- People with chronic medical conditions

⁴⁷ (Utah Department of Health and Human Services, 2021)

⁴⁸ (People at Higher Risk of Flu Complications , 2022)

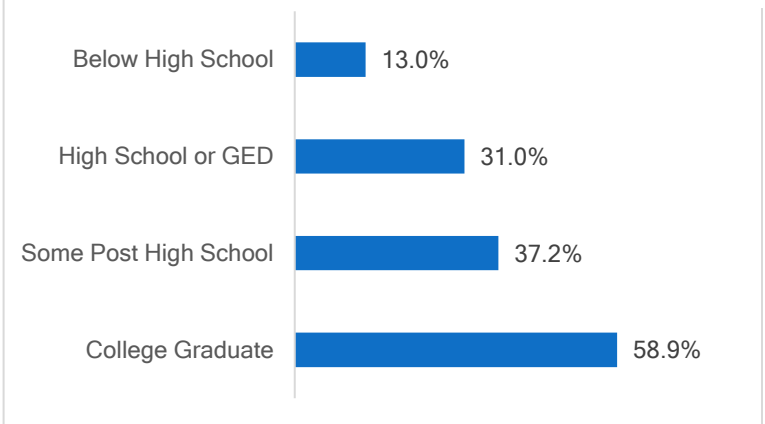
TriCounty's Response

Annually in the beginning of October, TriCounty Health Department holds a drive through flu clinic. Clinics are held in multiple locations; the 2022 Flu Shoot Out was held at the Manila Clinic, TriCounty Health- Vernal, Roosevelt USU campus and Duchesne High School.

Available Services/ Resources

- All influenza and pneumococcal vaccinations are covered for seniors with Medicare Part B
- Immunization Hotline: 1-800-275-0659
- [HealthMap Vaccine Finder](#)

Figure 28. Influenza Vaccination by Education, TriCounty, 2021

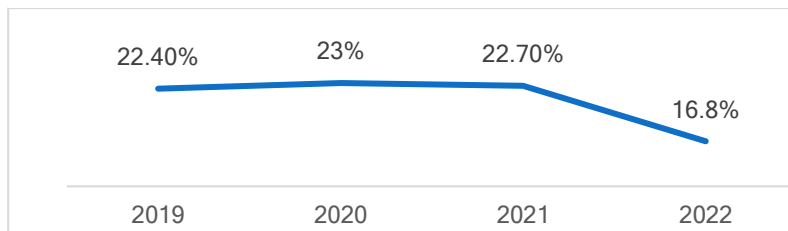


Human Papillomavirus (HPV) Vaccination

This measure reports the percentage of adolescents aged 12-17 with up- to date HPV vaccination as reported by the UDHHS Immunizations Coverage Report.

In 2022 16.8% of adolescents 12-17 were up to date on HPV vaccination. This is less than the average of the last three years (22.7%)⁴⁹.

Figure 29. Up to Date HPV Vaccination among TriCounty Utahns Age 12-17, 2019-2021



Disparities

14.7% of males were up to date on HPV vaccination in 2022, which was lower than their female counterparts (19%).

Risk Factors

Those without HPV vaccination are at an elevated risk of genital warts and some cancers. Vaccines protect against the types of human papillomavirus (HPV) that cause cervical, vaginal, vulvar, penile, and anal precancers and cancers, as well as the types of HPV that cause most oropharyngeal cancers⁵⁰.

⁴⁹ (Utah Department of Health and Human Services Division of Population Health, Office of Communicable Diseases Immunization Program, 2022)

⁵⁰ (Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, 2022)

Maternal and Child Health

Adolescent Births

The adolescent birth rate is reported as the number of live births per 1,000 adolescent females aged 15-19.

The rate of adolescent births in TriCounty has been in a decreasing trend since 2011. The rate of adolescent births in 2011 was 55.67 then decreased to 18.27 in 2021.

Disparities

The adolescent birth rate was higher for girls who were American Indian or Alaskan Native (46.67%) compared with girls who were White (21.39%). Girls who were Hispanic also had a higher birth rate (21.39%) compared with non-Hispanic (16.21%)⁵¹.

Risk Factors

Adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20-24 years. Babies of adolescent mothers are at a higher risk of low birth weight, preterm birth and severe neonatal condition⁵².

TriCounty Health's Response

Families Talking Together is an evidence- based program to improve communication skills in families to prevent youth sexual activity. The program is intended families of children aged 10-14.

Available Services/ Resources

- [UDOH Maternal and Infant Health Program](#)
- [Power to Decide: The Campaign to Prevent Unplanned Pregnancy](#)
- [Center for Disease Control and Prevention, Division of Adolescent and School Health](#)
- [US Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau](#)

⁵¹ (Utah Department of Health and Human Services, 2021)

⁵² (World Health Organization (WHO), 2022)

Low Birth Weight

This measure reports the number of live births under 2,500 grams (5 pounds, 8 ounces) divided by the total number of live births over the same period.

The percentage of births with low birth weight in TriCounty has fluctuated between 6 and 9% with the most recent figure of 9.31% in 2021.

Disparities

Mothers 18-19 years old and 25-29 years old had the highest rates of low-birth-weight babies.

Disparities

TriCounty's Response

As part of TriCounty Health's response to low-birth-weight babies, TriCounty provides nutrition and health education as part of the Women Infant and Children (WIC) program. Knowledgeable staff provide individual nutrition counseling, education on infant nutrition, breastfeeding, meal planning, and shopping on a budget.

The Breathe Tobacco Free Baby and Me program is a resource for pregnant mothers to quit tobacco use. The program offers the assistance, motivation and planning needed to reduce and quit tobacco use.

Violence and Injury Prevention

Intimate Partner Violence

Defined by the CDC, intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. An intimate partner refers to both current and former spouses and dating partners. IPV can vary in length and intensity and can include physical violence, sexual violence, stalking, psychological aggression and more⁵³. For this report, IPV is reported as the percentage of TriCounty adults who reported an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way.

In 2019, 14.1% of TriCounty adults reported that they had experienced IPV.

Disparities

Although anyone can experience IPV, adults aged 18-34 had a higher prevalence (18.1%) than older adults. Persons whose annual household income was less than \$25,000 (32.8%).

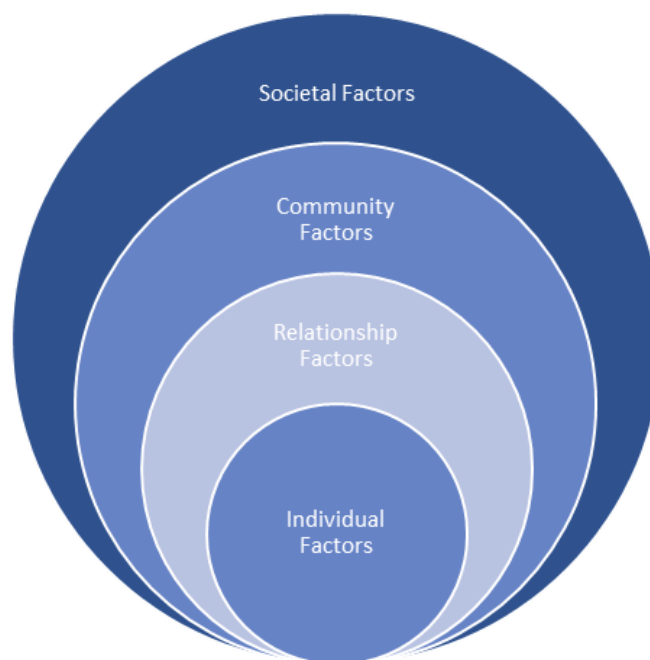
In the 2019 UDHHS Community Health Needs Assessment being divorced, widowed, separated, never married, unemployed, bisexual, or having a disability put a person at a higher risk of experiencing IPV in their lifetime.

Figure 30. Levels of Risk and/ or Protective Factors

Risk Factors

A combination of individual, relational, community, and society level factors contribute to the risk of becoming an IPV perpetrator or victim. Examples of risk and protective factors include:

- Lack of non-violent social problem-solving skills (individual risk factor)
- Association with delinquent peers (relationship risk factor)
- Community support and connectedness (community protective factor)
- Passive acceptance of IPV by the community (community risk factor)



⁵³ (Breiding , Basile, Smith, Black, & Mahendra, 2015)

- Harmful norms around masculinity and femininity (societal risk factor)

Available Services/ Resources

Help-Seeking Behaviors

Of those who have ever experienced IPV in Utah, fewer than 15% of individuals received help. For women, almost one in three received help after experiencing IPV. For men, fewer than 1% received help after experiencing IPV. The most commonly reported reasons for not seeking help include believing the abuse will stop; believing the person who physically hurt them will find out about the report; not wanting help; or believing their children would be taken away from them⁵⁴.

Safety Tips

- Call 9-1-1 if you are in immediate danger.
- Get help. If you are being abused, you are not alone. There are resources available to you.
- Talk with people you trust—a family member, friend, coworker, medical provider, or spiritual leader.
- Make a safety plan in case you have to leave. Set aside some money and find a place to go. Put important papers and items in a place where you can get them quickly.²
- Recognize early warning signs for violence such as a partner's extreme jealousy, controlling behavior, threats, or history of abuse.
- Know how to help someone who tells you they are experiencing IPV—be a good listener, be supportive, and ask how you can help. Visit startbybelieving.org for more information.

Anonymous and Confidential Help 24/7

Anyone can be a victim of IPV, and everyone can help prevent IPV. If you or someone you know has experienced IPV, there are resources available—call the Utah Domestic Violence Link line at 1-800-897-LINK (5465). Additionally, the Division of Child and Family Services provides a list of contracted domestic violence therapeutic organizations.

- Utah Domestic Violence Link Line 1-800-897-LINK (5465)
- Utah Rape and Sexual Assault Crisis Line 1-888-421-1100
- The National Domestic Violence Hotline www.thehotline.org, 1-800-799-SAFE (7233), 1-800-787-3224 (TTY)
- CDC Violence Prevention: www.cdc.gov/ViolencePrevention/index.html
- Utah Division of Child and Family Services Reporting Line: 1-855-323-DCFS (3237)

⁵⁴ (Utah Department Of Health)

- Utah Domestic Violence Coalition: <https://www.udvc.org/> or 801-521-5544
- Utah Coalition Against Sexual Assault: www.ucasa.org
- Start By Believing: startbybelieving.org

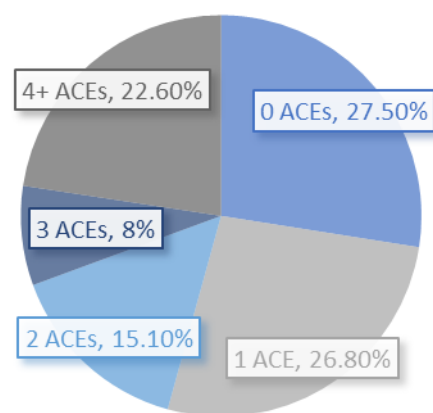
Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events that occur during childhood⁵⁵. For this report, ACEs include sexual abuse, physical abuse and neglect, emotional abuse and neglect, interpersonal violence in the home, substance misuse in the household, family member with a mental illness, parental separation or divorce, and having an incarcerated family member. As an individual's ACE score increases, so does their risk of disease and social or emotional problems later in life.

In 2020, 22.6% of adults in TriCounty reported having 4 or more ACEs in their life. This percentage was comparable with the state (20%).

In TriCounty, 27.5% of adults reported having 0 ACEs, 26.8% reported having 1 ACE, 15.1% reported having 2 ACEs, 8% reported having 3 ACEs, and 22.6% reported having 4 or more (Figure 28).

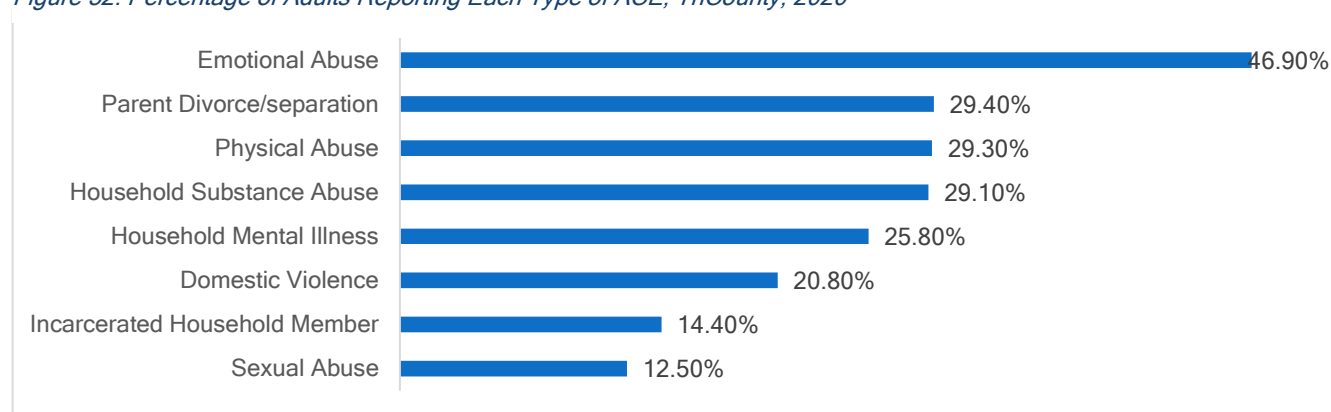
Figure 30. Percentage of TriCounty Adults Reporting ACEs (age-adjusted), 2020



Disparities

Adults with significantly higher rates of four or more ACEs were persons with low household incomes (41.5%), persons with below high school education (41.2%), and adults aged 18-34 years (35.9%).

Figure 32. Percentage of Adults Reporting Each Type of ACE, TriCounty, 2020



⁵⁵ (National Center for Injury Prevention and Control, Division of Violence Prevention, 2022)

Risk Factors

ACEs can have lasting negative effects on health and well-being as well as effect life opportunities such as education and job potential. Toxic stress from ACEs can negatively affect children's brain development, immune systems, and stress response systems. As the number of ACEs increases, so does the risk for poor outcomes⁵⁶.

Available Services/ Resources

- [Utah Division of Substance Abuse and Mental Health](#)
- [Utah Office of Recovery Services](#)
- [Care About Childcare](#) (Workforce Services)
- [Crisis Nurseries](#)
- [Office on Victims of Crimes](#)
- [United Way 211](#)
- [Head Start](#)

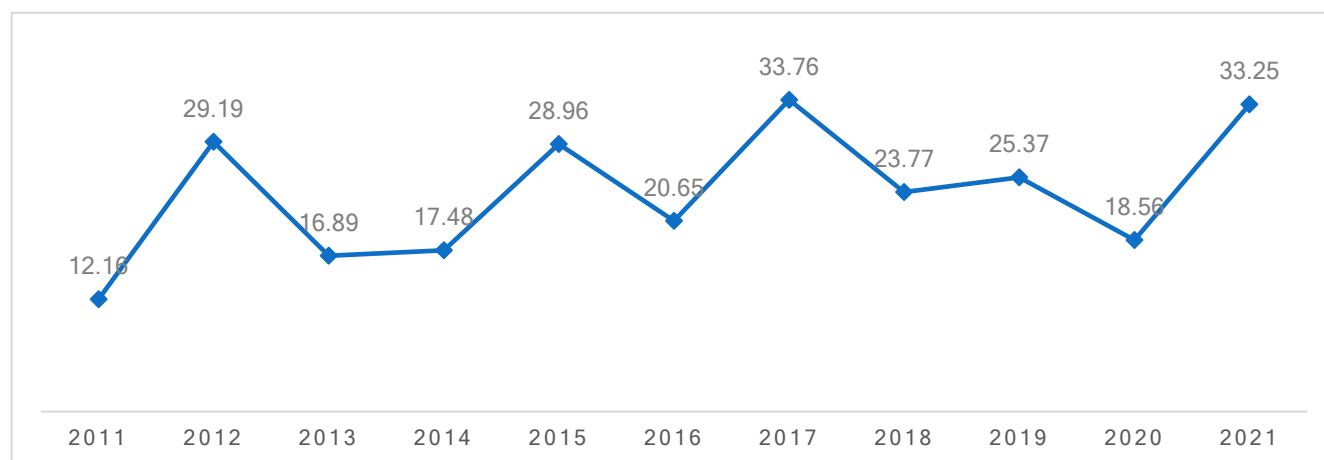
⁵⁶ (National Center for Injury Prevention and Control, Division of Violence Prevention , 2022)

Firearm Deaths

This measure reports the number of deaths related to firearms as a rate of 100,000 population.

In 2021 there were 33.25 firearm deaths per 100,000 people in TriCounty. This was above the average of 22.64 firearm deaths per 100,000 from 2011-2020.

Figure 33. Age- Adjusted Rate of Firearm Deaths, TriCounty, 2011-2021



From 2017-2021 there were 73 deaths from firearms. In the same time period 20.9% of firearm deaths were ruled as suicides and 4.6% were classified as assault. Most recently in 2021 there were 18 firearm deaths; 14 deaths were located in Uintah County⁵⁷.

Disparities

Males in TriCounty had a higher rate of firearm deaths than the rest of the state (50.54 vs 24.52, respectively).

Nationally, firearm homicide rates are highest among teens and young adults 15-34 years and among Black or African American, American Indian or Alaskan Native and non-Hispanic white populations⁵⁸.

⁵⁷ (Utah Department of Health and Human Services, 2021)

⁵⁸ (Centers for Disease Control and Prevention, 2022)

Risk Factors

People who survive a firearm related injury can experience long- term consequences such as problems with memory, thinking, emotions, and physical disability from injury to the brain, paralysis from injury to the spinal cord and chronic mental health problems such as post-traumatic stress disorder⁵⁹.

Available Services/ Resources

- [Firearm Safety: What We All Need to Know](#)
- [Gun Safety Tips from Safe Kids Worldwide](#)
- [Bulletproof Kids](#)

⁵⁹ (Centers for Disease Control and Prevention, 2022)

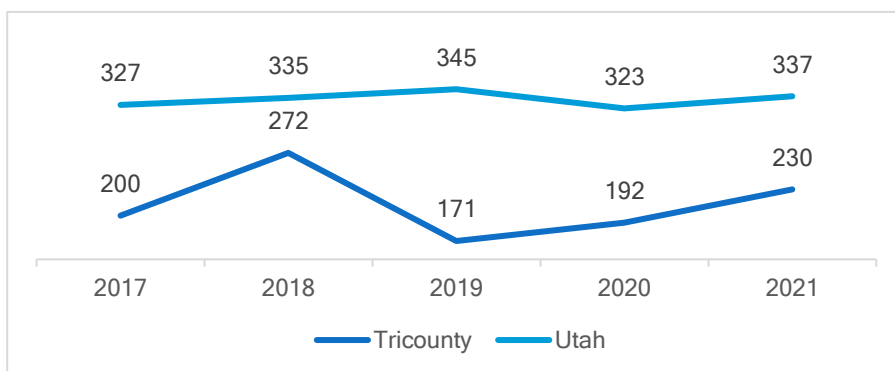
Infectious Disease

Chlamydia

This measure reports the rates of newly reported cases of chlamydia by date of diagnosis per 100,000 population.

Chlamydia is the most frequently reported notifiable disease in Utah. There were 698 cases of chlamydia reported in TriCounty from 2015-2020⁶⁰. The rate for chlamydia infections in TriCounty in 2021 was 230 infections per 100,000 people. For reference, the state had a rate of 337 infections per 100,000 people⁶¹.

Figure 34. Incidence Rate of Chlamydia Infection per 100,000, Utah and TriCounty, 2017-2021



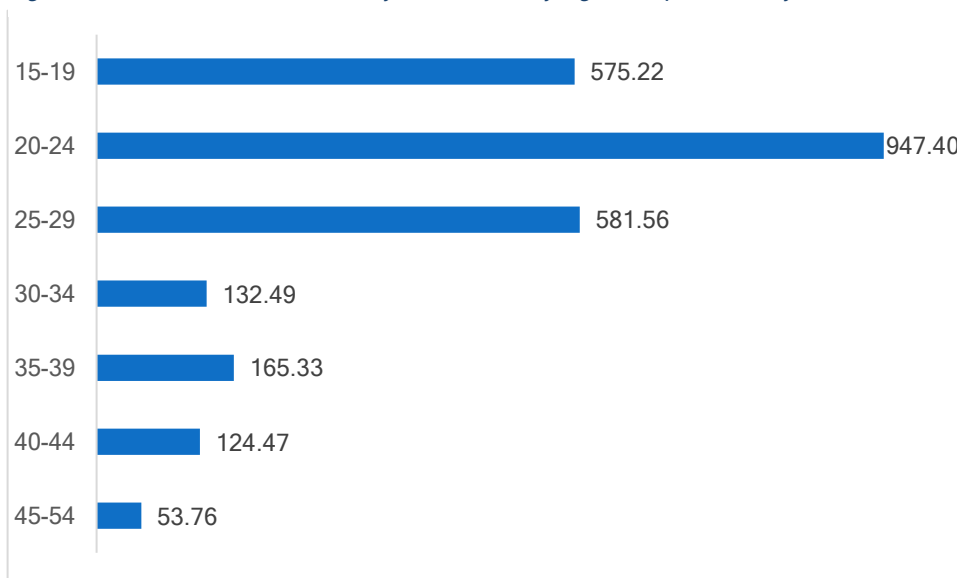
Disparities

Chlamydia infections are commonly asymptomatic however, females are screened more frequently resulting in higher rates of infection. With increased availability of urine testing men are increasingly being tested but still have lower rates than women.

Teenagers and young adults have the highest rates of chlamydia infections in TriCounty. Those aged 20-24 years old had the highest rate of 947.4 infections per 100,000 people then 15-19-year-olds and 25-29-year-olds (Figure 32).

The incidence rate of disease varied by race. The highest rate was among American Indian/Alaskan Natives (733.8)

Figure 35. Incidence Rate of Chlamydia Infection by Age Group, TriCounty, 2020



⁶⁰ (NCHHSTP, 2022)

⁶¹ (TriCounty Health)

followed by Hispanic/ Latino (265.5) and White (109.9)⁶².

Risk Factors

Females with chlamydia are at risk of developing pelvic inflammatory disease and both men and women may become infertile as a result of untreated chlamydia. Susceptibility to other more serious infections, such as HIV, may occur during infection. Pregnant women with chlamydia can pass the infection to their infant during delivery. This can result in pneumonia or neonatal ophthalmia⁶³.

Risk factors for sexually transmitted infections (STIs) include⁶⁴:

- Younger age (<25)
- Multiple sexual partners
- Prior history of STI
- Unprotected sex
- Illicit drug use

Those with known risk factors should be tested for STIs regularly.

Due to anatomical and biochemical differences, women are at an increased risk for acquiring chlamydia than men.

TriCounty's Response

Confidential and affordable STI testing and treatment are available at both TriCounty Health locations. Free condoms are available as well.

Making Proud Choices is an evidence- based program to provide adolescents with the knowledge, confidence and skills to reduce their risk of sexually transmitted infections, HIV, and pregnancy by abstaining from sexual activity.

Available Services/ Resources

- [UDHHS Bureau of Epidemiology: Chlamydia](#)
- [CDC Chlamydia Treatment Guidelines](#)
- [CDC Chlamydia Screening Guidelines](#)

⁶² (NCHHSTP, 2022)

⁶³ (Centers for Disease Control and Prevention, 2022)

⁶⁴ (Centers for Disease Control and Prevention, 2022)

Gonorrhea

This measure reports the rates of newly reported cases of gonorrhea by date of diagnosis per 100,000 population.

In 2022, TriCounty had a rate of 30 gonorrhea infections per 100,000 people. This was a third of the state infection rate of 90.8. The rate of gonorrhea infection in TriCounty has been decreasing since 2018 (55).

Disparities

Nationally the ages mostly affected are teenagers and young adults aged 15-24. In TriCounty the ages affected range from 14-44⁶⁵. The number of cases is too low to determine an age group that is most at risk.

Risk Factors

Untreated gonorrhea can cause lasting health effects. Women are at a higher risk of developing pelvic inflammatory disease (PID) which increases the risk of infertility, ectopic pregnancy, scarring, and long term pelvic/ abdominal pain⁶⁶.

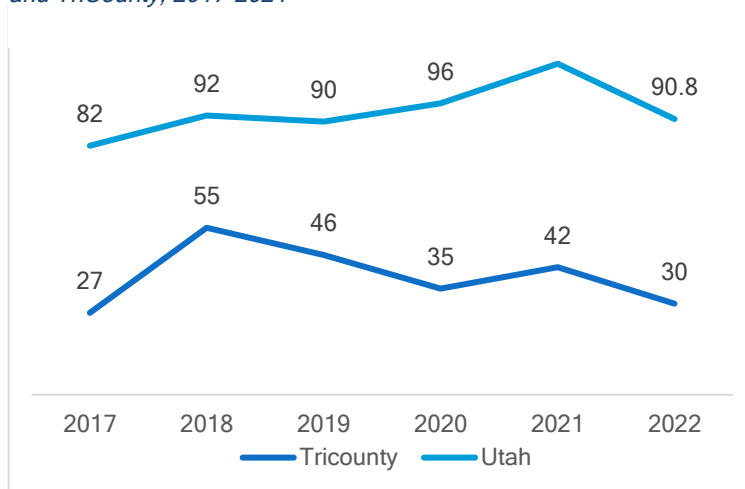
Risk factors for sexually transmitted infections (STIs) include⁶⁷:

- Younger age (<25)
- Multiple sexual partners
- Prior history of STI
- Unprotected sex
- Illicit drug use

Those with known risk factors should be tested for STIs regularly.

TriCounty's Response

Figure 36. Incidence Rate of Gonorrhea Infection per 100,000, Utah and TriCounty, 2017-2021



⁶⁵ (NCHHSTP, 2022)

⁶⁶ (Centers for Disease Control and Prevention, 2022)

⁶⁷ (Centers for Disease Control and Prevention, 2022)

Confidential and affordable STI testing and treatment are available at both TriCounty Health locations. Free condoms are available as well.

Available Services/ Resources

- [UDHHS Bureau of Epidemiology: Gonorrhea](#)
- [CDC Gonorrhea Treatment Guidelines](#)

Community Input Meetings

Purpose

To routinely assess health needs with input from the community. By engaging community stakeholders and members in each community health needs assessment, we can better understand the context of health outcomes, disparities, and barriers that will ultimately improve the health of the TriCounty Area.

Method

Invited participants, representing a broad range of interests, were invited to attend a community input meeting to share their perspectives on the health needs in their community. There were meetings held in each county to address the health concerns from each area. Staff from Intermountain Healthcare facilitated each meeting. The meeting was manually and digitally recorded and transcribed. *See Appendix A for discussion questions*

Transcripts of each meeting are reviewed for a qualitative, thematic analysis that results in the summary below. Themes were analyzed by frequency (the number of times a topic is mentioned) and severity (weighted by notetakers as key comments that resulted in an empathetic response during the meeting).

Results

Participants in the stakeholder discussion group identified the following issues as key health needs in their community:

DAGGETT COUNTY

- Mental health affecting children and adults:
 - Isolation as a result of COVID-19 changes and stress;
 - Lack of providers in rural area;
 - Stigma;
 - Considered a top priority for community leaders;
 - High level of motivation to remove barriers; and
 - Lack of resources and assets to remove barriers.
 - *"I think another one, along with mental health, is that the elderly are lonely like [REDACTED] was saying, but even just the younger crowd because when you're not- you're isolated from family. Like most people's families are in [REDACTED] or far away. So I've noticed with certain people that they can get kinda- depression is a big thing because they're away from family... But some of the people, their families are in [REDACTED] or somewhere too far to just go see."*
- Drugs and alcohol use and misuse:
 - Tied into mental health; and
 - Concern for youth substance use.

- *“When it comes to substance abuse, the bar is like the epicenter of our town. People might not like that I say that, but it is probably the number one source of drama. And a lot of problems we see in this town are linked to drinking.”*
- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
 - Obesity;
 - Tied in with mental health.
 - *“From my perspective, substance abuse- not always, but I think a big chunk of substance abuse is a symptom of mental health issues. Which is, people self-medicating, trying to cope with other mental health issues, and so I think- and we talk a lot about suicide prevention, we talk a lot about substance abuse. And even to a degree, I think obesity and other related disorders, there's some crossover with mental health issues that could be impacting people's ability to feel safe exercising or having other issues. So I wonder how much if we were to try to boil it down, we could accomplish by focusing on mental health in our community.”*
- Other community concerns include:
 - Financial stress;
 - Cost of housing; and
 - Access to grocery and healthy foods.
- Community Strengths include:
 - Education;
 - Access to outdoor recreation;
 - Strong social connections;
 - Low crime, safe neighborhoods;
 - Access to healthy foods; and
 - Emergency Preparedness.
- Community Opportunities
 - Childcare and after school programs;
 - Celebration of Diversity;
 - Affordable, safe, quality housing;
 - Transportation services;
 - Affordable healthcare; and
 - Recreation centers.

DUCHESNE COUNTY

- Mental health affecting children and adults:
 - Isolation as a result of COVID-19 changes and stress;
 - Suicide;
 - Social isolation; and
 - No long-term care options.
 - Considered a top priority for community leaders;
 - High level of motivation to remove barriers; and
 - Lack of resources and assets to remove barriers.
 - *"I feel like mental health is still a big issue. It put people in a really vulnerable place. What to do, a lot of people, how to feed their families, things shut down...and if you don't have a church group or a close family, then you get into the suicide part because they don't see a way out. And so, I think in what I've seen, mental health still exists because people have a hard time getting out of that long time period."*
- Drugs and alcohol use and misuse:
 - Lack of facilities for detox and treatment; and
 - Lack of funding.
 - *"I think one of the things that needs to change is, and I understand the reason for drug court and, justice reform, but I think some individuals are a minority within the realm, but some people have to go to jail in order to get squared."*
- Cancer was mentioned as a top concern.
- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages was mentioned as a top concern.
- Other community concerns include:
 - Homelessness;
 - Cost of housing;
 - Intergenerational poverty; and
 - Food insecurity.
- Community Strengths include:
 - Parks and recreation, access to outdoor recreation;
 - Strong social connections;
 - Clean environment; and
 - Low crime, safe neighborhoods.
- Community Opportunities
 - Affordable, safe quality housing;
 - Celebration of Diversity;
 - Transportation;
 - Childcare/after school programs;
 - Affordable healthcare; and
 - Awareness of resources available.

UINTAH COUNTY

- Mental health affecting children and adults:
 - Long waits for appointments;
 - Lack of providers;
 - Stigma; and
 - Mental health tied to arrests, no mental health facilities.
 - Lack of motivation to remove barriers; and
 - Lack of resources and assets to remove barriers.
 - *“Being part of the library, we see a lot of mental health issues from residents and people passing through. And if we have an incident that's not an emergency, that's not a crime, but it's someone that needs help, who do we call? We call the police. I think that's probably nine out of ten, they spend the night in jail, and then that's it. And I think it's the lack of resources and education and funding on the mental health care side too.”*
- Drug and Alcohol use and misuse:
 - Tied into mental health;
 - *“I just wanted to state people working together with- and get over that stigma. I work a lot with low income and mental health, also addicts that are looking for housing, looking for resources. And we can possibly find housing, but there's a lot of landlords that don't wanna work with mental health, individuals dealing with mental health or drug abuse, or other issues like that. It's a lot easier to have someone who is stable and is going to be able to pay the rent. Or they don't wanna work with the different programs, don't wanna work with the individuals. And I think having those conversations and that there are resources and there are people out there who are helping them, can help a lot. And especially get these people off the streets, it's easier to help them.”*
- Cancer:
 - *“My mother died of pancreatic cancer. She went to Mexico for treatment down there and met with a doctor. He said that people don't realize that it's all related to the food that would make our bodies, and it's everything. The choices that we make every day to take advantage of parks, recreation, all of those things are choices. And so, as a result, and having a personal cancer scare, I am plant-based. And so, we all have to make decisions every day as to how we're gonna address the issues.”*
- Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:
 - Obesity; and
 - Lack of preventative health motivation.
- Other community concerns include:
 - Recognizing signs and symptoms of mental health issues; and
 - Intergenerational Poverty.
- Community Strengths include:
 - Access to outdoor recreation;
 - Strong social connections;
 - Low crime, safe neighborhoods; and

- Clean environment.
- Community Opportunities
 - Affordable, safe quality housing;
 - Decreasing stigma around mental health; and
 - After hours mental health services.

Appendix A. Discussion Group Questions

1. What are the most significant health issues in your community?
2. Do you think your community is motivated to remove barriers and prevent and/or treat mental health?
3. Do you think the community has what it needs (assets, resources, leader buy-in, etc.) to prevent and/or treat mental health?
4. What other significant health issues are on your mind that that could benefit from collective attention?
5. Why is this an important health issues to consider?
How is this a need in the community?
6. What are the greatest strengths in your community?
7. Where are there opportunities?
8. What other root causes, or social determinants, do we need to be thinking about?
9. As you start to think about opportunities for improving the quality of lives for the people you serve, at what level do you think there is the most opportunity for impact?
10. Thinking about your organization,
which level are you most confident in your ability to design and implement health improvement programs and strategies?
11. How can we begin to work together to address these top health issues?
12. Who do we also need to engage to
be effective in this work?
13. What additional programs, resources, interventions would solve, prevent, and/or treat these top health issues?

Appendix B. Tables

Table 1. Birth Rates in TriCounty, 2010-2020

Year	Birth Rate per 1,000	Number of Births	Population Count
2010	18.62	972	52,189
2011	19.71	1,047	53,108
2012	19.73	1,080	54,743
2013	18.93	1,075	56,796
2014	19.84	1,156	58,256
2015	17.4	1,038	59,665
2016	16.5	950	57,562
2017	14.69	824	56,099
2018	15.86	893	56,293
2019	13.88	786	56,647
2020	13.36	760	56,890

Data Source: [IBIS, 2020 US Census](#)

Table 2. Population by Year in TriCounty, 2010-2020

Year	Population 0-17 yr. old	Population 18-24 yr. old	Population 25-34 yr. old	Population 35-44 yr. old	Population 45-54 yr. old	Population 55-64 yr. old	Population 65-74 yr. old	Population 75+ yr. old
2010	17,379	4,832	8,156	5,717	6,073	4,815	2,965	225
2011	17,631	4,928	8,283	6,010	5,975	5,026	2,964	236
2012	18,292	5,055	8,523	6,330	5,913	5,184	3,124	218
2013	19,146	5,192	8,846	6,816	5,800	5,430	3,180	251
2014	19,751	5,196	9,097	7,188	5,715	5,575	3,307	210
2015	20,403	5,286	9,088	7,632	5,690	5,701	3,408	228
2016	19,539	4,639	8,465	7,600	5,578	5,727	3,509	257
2017	18,785	4,373	7,800	7,726	5,428	5,732	3,706	253
2018	18,677	4,325	7,618	8,019	5,361	5,816	3,868	264
2019	18,610	4,358	7,552	8,111	5,431	5,795	4,074	277
2020	18,381	4,469	7,385	8,251	5,580	5,759	4,290	267

Data Source: [IBIS, 2020 US Census](#)

Table 3. Housing Affordability by County, 2016-2020

Area	Percent, Rented households (2016-2020)	Average monthly cost to rent a 2 BR apartment	Affordable monthly rent at mean renter wage
Daggett	29%	\$792	\$1,143
Duchesne	26%	\$829	\$937
Uintah	23%	\$858	\$681
Utah	29%	\$1,153	\$959

Data Source: [National Low Income Housing Coalition, Utah 2022](#)

Table 4. Housing Units by County, 2016-2020

Area	Total Occupied Housing Units	Substandard Housing Units	Percent, Substandard Housing Units
Daggett	169	<10	5.30%
Duchesne	7,038	1,821	25.87%
Uintah	10,739	2,633	24.52%
Utah	1,003,345	271,557	27.07%

Data Source: [US Census Bureau, American Community Survey, 2016-2020](#)

Table 5. Food Deserts in Uintah County and Utah, 2019

Area	Total Population	Food Desert Population	% Of People Affected	Food Desert Census Tracts	Other Census Tracts
Daggett	1,026	0	0%	0	1
Duchesne	19,894	3,847	19%	1	2
Uintah	35,970	5,779	16%	1	5
TriCounty	56,890	9,626	17%	2	8
Utah	3,249,879	234,217	7%	49	536

Data Source: *US Department of Agriculture, Economic Research Service, USDA - [Food Access Research Atlas](#). 2019*

Table 6. Percentage of Medicare Fee- for-Service Asthma Utilization by County, 2011-2018

Area	2011	2012	2013	2014	2015	2016	2017	2018
Daggett	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Duchesne	3.3%	3.2%	2.8%	3.4%	3.7%	4.2%	4.6%	3.8%
Uintah	3.1%	2.8%	3.4%	3.5%	3.7%	3.9%	4.7%	4.6%
Utah	4.2%	4.2%	4.4%	4.6%	4.8%	4.8%	5.1%	5.2%
United States	4.9%	5.0%	5.1%	5.2%	5.3%	5.1%	5.1%	5.0%

Data Source: *Centers for Medicare & Medicaid Services, [Centers for Medicare & Medicaid Services - Chronic Conditions](#). 2018*

Table 7: High Blood TriCounty Comparison by Location, Age, Sex, Veteran Status and Income

	Crude Rate	95% CIs	Age-Adjusted Rate	95% CIs
Location				
Daggett	No Data	No Data	No Data	No Data
Duchesne	29.90%	23.3%-37.6%	29.10%	23.5%-35.3%
Uintah	32.50%	27.1%-38.5%	30.40%	25.8%-35.5%
TriCounty	31.40%	27.2%-36.1%	29.50%	25.9%-33.4%
Utah	26.70%	25.6%-27.7%	27.60%	26.6%-28.6%
Age				
18-34	12.40%	7.4%-20.2%		
35-49	26.20%	19.6%-34.1%		
50-64	36.90%	27.7%-47.3%		
65+	58.20%	49.0%-67.0%		
Sex				
Male	42.70%	36.2%-49.6%	39.30%	33.4%-45.4%
Female	20.80%	16.2%-26.3%	20.30%	16.4%-24.7%
Veteran Status				
Yes	56.30%	41.6%-70.0%	44.90%	30.9%-59.8%
No	28.50%	24.2%-33.1%	27.90%	24.2%-31.9%
Income				
0-\$24,999	28.80%	17.3%-43.9%	26.30%	17.9%-37.0%
\$25,000-\$49,999	33.50%	25.0%-43.2%	27.00%	20.0%-35.4%
\$50,000-\$74,999	25.90%	18.2%-35.4%	30.60%	22.5%-40.1%
\$75,000+	34.80%	27.6%-42.8%	32.50%	26.4%-39.2%

Data Source: [IBIS BRFSS 2021](#)

Table 8: Percentages of Obese Adults by Location (Crude Rate)

Age Group	Duchesne	Uintah	TriCounty	Utah
18-34	49.9%	58.4%	54.6%	52.0%
35-49	68.9%	77.8%	74.5%	72.3%
50-64	*	*	76.7%	72.8
65+	71.6%	66.9%	68.7%	67.3%
Overall	65.0%	70.9%	68.7%	64.1%

Source: Utah BRFSS 2021

Table 9: Percentage of Poor Mental Health in the Past 30 Days, 2021

Age (crude rate)	
18-34	40.1%
35-49	15.7%
50-64	15.6%
65+	*
Sex (age-adjusted rate)	
Male	17.6%
Female	27.7%
Education (age-adjusted rate)	
HS or GED	25.5%
Some College	19.5%
College	16.0%
Income (age-adjusted rate)	
\$0- \$24,000	27.5%
\$25,000- \$49,999	24.4%
\$50,000- \$74,999	22.9%
\$75,000+	18.6%

Source: Utah BRFSS, 2021

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